Clinical Lectures ON MEDICINE.

Delivered at the Middlesex Hospital.

BY CHARLES MURCHISON, M.D., F.R.S.,
PHYSICIAN TO THE HOSPITAL, AND LECTURER ON THE PRACTICE OF MEDICINE.

LECTURE II.

I.—PARACENTESIS THORACIS IN RECENT ACUTE PLEURISY.

GENTLEMEN,—The first case which I shall bring before your notice to-day is that of a boy who has just left the hospital convalescent from a severe attack of pleurisy with effusion.

Frederick B——, aged seven, was admitted on Dec. 3rd, 1869. He was a pale, rather delicate-looking boy; but with the exception of measles, which he was said to have had twice, he had enjoyed good health until the morning of the 24th of November, when he was seized rather suddenly with shivering, thirst, hot skin, acute pain in the left side of the chest, and a short, hacking, dry cough. For four days before his admission there had been considerable dyspnœa. At the time of admission the boy exhibited in a typical manner the symptoms and signs of extensive effusion into the left pleura. He had no longer acute pain, but his countenance was anxious, and he complained of great dyspnœa, and of a frequent short cough, without expectoration. His breathing was short and quick—50 in the minute, and mainly abdominal; there was no movement whatever of the left ribs. He usually lay on his left side, and the breathing always became much more embarrassed when he tried to lie on his right side. Over the whole of the left lung there was absolute dulness on percussion and increased resistance, the dulness in front extending quite half an inch to the right of the middle line of the sternum, and to half an inch above the left clavicle. On auscultation no breath-sounds could be heard anywhere over the left lung, except very faintly posteriorly close to the spine; there was neither friction nor crepitation. Loud vesicular breathing could be heard all over the right lung. There was an obvious bulging of the left side of the chest, with obliteration of the intercostal spaces; and at the level of the nipple the left side of the chest measured three-quarters of an inch more than the right. The apex of the heart was displaced to the right side of the epigastrium, where there was distinct pulsation. The left lobe of the liver and the spleen were also displaced considerably downwards into the abdomen. Pulse 144, regular, small and weak; sounds of heart weak, but otherwise normal; tongue coated with white fur; thirst, but no appetite; bowels confined; urine acid, specific gravity 1032, turbid from lithates, but no albumen; temperature 102°.

On admission an aperient was prescribed, and likewise a draught to be taken every four hours, containing two grains of iodide of potassium, two grains of carbonate of ammonia, and fifteen minims of nitric ether. A pill was likewise ordered three times a day, containing one grain of blue pill, a quarter of a grain of digitalis, and one-third of a grain of squill. With these remedies, the patient was to have milk, beef-tea, and three ounces of port wine. The left side of the chest was painted with tincture of iodine, and afterwards enveloped in a linseed poultice.

These measures failed to afford any material relief. The respirations rose to 58, and became more embarrassed; and the boy became very faint. Accordingly, on Dec. 5th, I introduced a small trocar between the ninth and tenth ribs at the back of the chest, and drew off twenty-four ounces of clear straw-coloured fluid, having a specific gravity of 1020, and partly coagulating into a thin jelly on standing. This procedure gave immediate relief. Before the removal of the fluid the pulse was 144, and the respiration 50. After its removal the pulse was 124, and the respiration 38; the heart could no longer be felt beating in the epigastrium, and faint respiratory murmur could be heard over the front and upper part of the left lung. On the following day the temperature fell to 99·8°; and on Dec. 8th it was only 99·5°. For several days after the operation the boy was rather restless, and complained more of pain in his left side; and for twelve days after he took a draught four times a day, containing two grains of carbonate of ammonia, one drachm and a half of liquor acetatis ammoniæ, fifteen minims of antimonial wine, and fifteen minims of spirit of nitric ether. The wine, beef-tea, and milk were continued. Under this treatment there was no evidence of any re-accumulation of fluid in the pleura; on the contrary, what had not been removed by paracentesis became gradually absorbed, and the lung re-expanded, friction-sound being occasionally heard over different parts of its surface. On Dec. 17th it was noted that he felt quite well; but that the medicine sometimes made him sick, and that he perspired rather freely during sleep. The mixture was therefore omitted, and the syrup of the iodide of iron and glycerine, with a meat diet, substituted; while at the same time tincture of iodine was painted daily over the chest. On Dec. 23rd, the night perspirations continuing, cod-liver oil, and a mixture with quinine and sulphuric acid, were prescribed; and the boy was allowed to get up. Under this treatment he continued to improve and gain strength until his discharge from the hospital on January 11th, when the condition of his chest was as follows:—There was some retraction of the left side. The total girth of the chest, at the level of the nipple, was 23 in., instead of 24½ in., as on admission; but the right side now measured 1 in. more than the left. The left ribs moved fairly in respiration. Over the whole of the left lung the percussion was less clear than over the right. The dulness was greatest over the lower fourth posteriorly; but at no place was there the absolute dulness noted on admission, and over the whole lung distinct, though faint, vesicular murmur could be heard. The apex of the heart could now be felt beating between the fourth and fifth ribs, immediately below the left nipple, or rather too much to the left. The boy had no cough, and but little dyspnœa; and though still not very strong and perspiring at night, he was running about, and his appetite and digestion were good.

Paracentesis was performed in this case at an earlier stage of pleurisy than that at which it is usually had recourse to. The reasons that induced me to perform it were of a fourfold nature:—

1. Therapeutic treatment, persisted in for two entire days, had failed to afford any relief.

2. The child was in danger of sudden death from asphyxia or from syncope. Although simple acute pleurisy does not often terminate fatally, it is a mistake to imagine that it may not do so. With one lung completely collapsed, an attack of bronchitis or pneumonia in the other might have induced rapid asphyxia; while, from the great displacement of the heart and the rapid small pulse, there was good reason to apprehend sudden syncope, as described by Trousseau.

3. If the fluid, which we believed to be still serous, remained in the pleura, there was the probability of its becoming converted into pus, and of the patient sinking under the exhaustion consequent on a protracted empyema, or becoming the subject of tubercular deposit.

4. The longer the fluid remained in the pleura, the greater was the risk of the lung becoming firmly bound down to the spine, so as to be incapable of re-expansion when the fluid was removed.

The immediate relief afforded by the operation in this case, the absence of any bad symptom attributable to it, and the ultimate result, justified our anticipations. The left lung would probably have expanded even more rapidly had the operation been performed a day or two sooner, but still it may continue to expand until there is little difference between the two sides of the chest.

In the hands of most practitioners paracentesis is only performed in pleurisy as a last resource, to remove immediate danger from asphyxia, or to evacuate a large collection of pus; but the numerous observations recorded within the last twenty years by Dr. Bowditch of Boston,* by Trousseau, and in our own country by Drs. J. W. Begbie,† Gairdner,‡ and others, leave no doubt that, after failure of therapeutic treatment, it may be safely and advantageously

* American Journ. Med. Sc., Jan. 1853.
† Edin. Med. Journ., June, 1860. ‡ Clinical Medicine, 1862.

performed, even in the acute stage, before the effusion has become purulent.

1. In all cases where, without any sign of impending asphyxia, there is great feebleness of circulation conjoined with embarrassment of breathing. The necessity for operating will be greatest when one side of the chest is completely filled up; but still it is important to remember that the danger must be measured not so much by the quantity of fluid as by the general symptoms.

2. When liquid effusion, of even moderate amount, remains stationary for a week or two in the pleura, without being influenced by internal remedies. Delay can only favour its conversion into pus, or the binding down of the collapsed lung by firm adhesions.

As to the operation itself, the puncture was made in our patient at the usual spot, between the ninth and tenth ribs, in a line with the lower angle of the scapula. A fine trocar was employed, with an adaptation intended to prevent the entrance of air into the pleura, consisting of an elastic tube fitted on to a small metal tube projecting from the side of the canula, which could be closed by a stopcock, the other end of the elastic tube being immersed in water, and the near end of the canula being closed by the withdrawn trocar. From some imperfection, however, in the instrument, the fluid only escaped very slowly through the tube in drops. An ordinary canula of the same size was therefore substituted, and through this the fluid flowed at once in a full and rapid stream. The thumb was kept firmly pressed against the opening of the canula during several fits of coughing, and the instrument was removed as soon as the fluid ceased to flow in a full stream. Notwithstanding these precautions, a small quantity of air may have entered the pleura, but no bad consequence ensued. Dr. Bowditch attributes much of his remarkable success to the instrument which he employs—an adaptation to the canula of a rather powerful syringe, by which the fluid can be pumped out of the pleura, without the possibility of air passing in.*

But, whatever instrument you employ, remember that it is not necessary to empty the pleura. Be satisfied with relieving the over-distended sac, and trust to the absorbents being thus enabled to remove the remaining fluid, as they did in the case of our patient. Occasionally the fluid reaccumulates, and more than one operation may be necessary; but this necessity rarely arises when the fluid first removed is free from pus.

II. JAUNDICE FROM OBSTRUCTION OF THE COMMON BILE-DUCT BY CANCER.

C. D——, aged fifty-eight, a labourer from Essex, was admitted under my care on Sept. 10th, 1869. He had been a temperate man, and even when in good health had never weighed more than eight stone. With the exception of occasional "sick headaches" when young, and being subject for the last few years to diarrhœa from slight causes, he had always enjoyed good health until four months before admission. He then began to suffer from pain, and a feeling of fulness at the epigastrium after taking food, and from retching in the morning, but he never brought up his food. After a month jaundice appeared, and for a time was accompanied by great itchiness of the skin; the dyspeptic symptoms continued to increase, and the patient lost his appetite, and became very emaciated. Shortly before coming to the hospital, his abdomen became slightly swollen, and he had also noticed some swelling of the legs after walking.

On admission he was very thin, and weighed only 6st. 7lb. He had moderate œdema of both legs, but no dropsy elsewhere. There was intense jaundice of the skin and conjunctivæ; the urine contained no albumen, but was loaded with bile-pigment, which was entirely absent from the motions. The liver was enlarged, in the right nipple-line extending an inch and a half beyond the ribs, and measuring five inches and a half instead of four inches. It was not the seat of lancinating pains, but its surface was tender, especially in the epigastrium, where a flattened projecting nodule could be distinctly felt immediately above the navel. There was also a distinct rounded prominence corresponding to the fundus of the gall-bladder. The splenic dulness was not increased, but the abdominal veins were enlarged, and there was a small amount of ascites. The tongue was white, the appetite small, and the bowels rather relaxed; eating was followed almost immediately by pain at the epigastrium, which lasted about half an hour; but there was no vomiting. The pulse was slow and weak, and the heart small; but there was no evidence of organic disease in the organs of circulation, or in the lungs.

The treatment consisted in quinine, gentian, and nitric acid, a nutritious diet, with a small allowance of wine, and the application to the epigastrium of belladonna liniment.

At first there was considerable improvement. The appetite became much better, the patient was able to digest meat, and by September 30th he had gained three pounds in weight. But all this time the liver was slowly increasing in size. On September 27th a second nodule could be felt projecting from its surface immediately below the ensiform cartilage; and on October 4th a third was discovered somewhat to the right. At the beginning of October the appetite failed, and the patient began to lose ground again. He became much thinner and weaker, so that by October 12th he was scarcely able to leave his bed. The pain and tenderness of the liver and the ascites increased, the girth at the umbilicus, which on admission had been 27½ inches, amounting to 31 inches on October 15th. There was no diminution of the jaundice, and at no time had there been any bile in the motions.

On October 15th, the patient, feeling that he was getting worse, insisted on leaving the hospital, and returning to the country.

All cases of jaundice may be divided into two great classes—one where it is due to obstruction of the bile-duct and reabsorption of bile, and the other where there is no such obstruction. It is not my intention to-day to enter into the vexed question of the pathology of jaundice independent of obstruction of the duct, but I wish to impress upon you the importance, in all cases of jaundice, of deciding whether it is due to obstruction or not. It has been stated that this can best be done by chemical examination of the urine; but, according to my experience, the characters of the urine are useless for deciding the question, and those of the alvine evacuations furnish a more reliable test. When the bile-duct is not obstructed the motions contain bile-pigment; when the duct is obstructed, they contain none. This test is sufficiently simple, but one or two cautions are necessary in using it. First, you must take care that the motion is obtained separate from the urine; a loose or liquid motion may become deeply impregnated with bile derived from the urine which has been collected in the same utensil. Secondly, you must remember that jaundice which has been due to obstruction may persist after the removal of the obstruction and the reappearance of bile in the motions; but under such circumstances the jaundice will not be long in fading. Lastly, in some cases of jaundice, hæmorrhage takes place into the bowel, and you must not mistake for bile the tinging of the motions with altered blood. From the examination of the motions in our patient there could be no doubt that his jaundice was due to obstruction, but the next question to answer was what was the obstructing cause. Now, the causes of obstruction of the bile-duct may be subdivided into two classes. In one the obstruction commences *within* the duct—some foreign body in its channel, or swelling of its lining membrane; in the other it commences *without* the duct, such as a tumour pressing upon or invading its tissue. In our patient there was no history of biliary colic, attacks of which almost invariably precede or accompany obstruction of the duct by a foreign body; while, on the other hand, there was one symptom which pointed strongly to the obstructing cause having commenced *without* the duct—viz., ascites. The existence of ascites indicated some obstruction to the circulation of the portal vein. Now, you will readily perceive that while no obstruction commencing within the bile-duct could interfere with the circulation of the portal vein, a tumour originating outside the bile-duct might compress both it and the portal vein, and thus account for the concurrence of jaundice and ascites. Accordingly, when jaundice and ascites coexist, as in our patient, the probability is that they are due to a common obstructing cause, and that this has originated outside both the vessel and the duct.

The diagnosis of the patient's disease was further assisted by the fact that he had a *painful enlargement* of the

* This instrument was invented by Dr. Morrill Wyman, of Cambridge, U.S., and is described in the American Journal of Medical Sciences for October, 1850.

liver. For clinical purposes enlargements of the liver may be divided into those which are painless, and in which jaundice is rarely present—e.g., simple hypertrophy, fatty liver, waxy liver, and hydatid tumour; and into those attended by pain, and in which jaundice is also common. Now, of painful enlargements of the liver, the jaundice, when present, may be independent of obstruction of the duct, as in congestion and pyæmic abscess; but in three forms of painful enlargement—gall-stones, catarrhal tumefaction of the lining membrane of the ducts, and cancer, it is due to obstruction. For reasons already given, the two first of these causes were excluded in our patient; and therefore, we were under the necessity of falling back upon cancer as the probable cause. This view, moreover, was corroborated by the nodules developed on the surface of the enlarged liver while the patient was under our observation. But in reference to cancer, you must bear in mind that the liver may be almost entirely destroyed by it without any jaundice resulting. For the production of jaundice, it is necessary that the bile-duct be compressed by a mass of cancerous glands in the portal fissure, or by a cancerous nodule projecting from the under-surface of the liver.

Whether, then, we regarded the case of our patient from the point of jaundice, or from that of enlargement of the liver, the conclusion was the same—viz., that the bile-duct and portal vein in the fissure of the liver were compressed by a tumour, and that this tumour was cancer. Where the cancer had commenced it was more difficult to say. The only localities in which we had evidence of its presence were the liver and the portal fissure. Cancer of the liver and portal lymphatics, however, in a male, is usually secondary to cancer in the stomach; and hence, although the idea of cancer of the stomach was negatived by the absence of vomiting, there were grounds for suspecting that the stomach might also be the seat of disease, particularly as we know that the stomach may be extensively affected with cancer without vomiting, or even pain, so long as the orifices are free.

The remarks which I have now collected in a summary form were originally made in the ward as we visited the patient from day to day; but I have now to add, that Charles D—— died about three weeks after leaving the hospital (on Nov. 8th), and that the diagnosis which we had formed was confirmed by post-mortem examination, as you will perceive from the following account, for which I am indebted to Mr. Edward Andrews, of Castle Hedingham:—

"The lungs and heart were healthy. The peritoneum contained about three quarts of serous fluid. The left lobe of the liver was adherent to the diaphragm, and its outer surface and interior were studded with nodules of cancer. In the fissure of the liver was a large mass of cancerous matter, which pressed upon the portal vein, and completely blocked up the cystic duct and the ductus communis choledochus. The stomach was contracted, and its walls were thickened and infiltrated with a large quantity of cancerous matter between the mucous and the muscular coats; its orifices were patent."

By way of contrast to the foregoing case, I shall now relate the particulars of another, in which the patient died of jaundice from persistent obstruction of the bile-duct by a large gall-stone. The case occurred in my private practice; but I have now before me a portion of the liver and duodenum, with the obstructed bile-duct.

III. JAUNDICE FROM OBSTRUCTION OF THE BILE-DUCT BY A LARGE GALL-STONE.

A few weeks ago a lady of about forty-five years of age, consulted me at my house, and gave the following history of her ailment. For about thirteen years she had been liable at long intervals to severe attacks of biliary colic,—pain in the region of the liver coming on in violent paroxysms, accompanied by vomiting, and followed by jaundice, which lasted for a few days. During these attacks her medical attendant had often noticed a painful swelling, corresponding to the fundus of the gall-bladder. In the autumn of 1868 she had an unusually severe and protracted attack. About Christmas, 1868, the attacks of pain became more frequent; they came on almost every day without exception, usually about four o'clock in the afternoon, and lasted for twelve hours. The pain was accompanied by vomiting, but all this time there was no jaundice. In April, 1869, the paroxysms of pain and vomiting became much more frequent and severe, and the patient was reduced to an alarming state of prostration, from which for many days she was not expected to rally. At this time the liver was found to be considerably enlarged, and deep jaundice set in, which, though varying in intensity, never disappeared, the motions from that date being devoid of bile-pigment. For six weeks during April and May the patient was confined to bed; and although for some months before I saw her she was able to go about, she continued to lose flesh, and suffered much from itchiness of the skin, flatulence, and almost constant diarrhœa. She was also still liable to attacks of pain and vomiting, though less severe and less regular in their recurrence.

I found her, at the time of her visit to me, very thin and weak, and deeply jaundiced. The liver was uniformly enlarged, but not tender. There was some tenderness, however, over a rather firm tumour about the size of an orange, corresponding to the gall-bladder. There was no ascites, and no enlargement of the spleen. The lady had already consulted several medical men of eminence, and more than one had expressed the opinion that, "whether there were gall-stones or not, there was a cancerous tumour in the fissure of the liver." This view appeared to me negatived by the absence of ascites, or of any symptom of portal obstruction, while the whole history of the case seemed to point to a large gall-stone, which from Christmas, 1868, to April, 1869, had made vain efforts to pass through the cystic duct, and thus accounted for the attacks of biliary colic without jaundice, but which, during the severe attack in April, passed into the common duct, and produced enlargement of the liver, and permanent jaundice, with mal-assimilation and emaciation. If this were the case, it seemed possible—though, considering the duration of the jaundice, not very probable—that the cause of the obstruction might be discharged into the bowel, and the patient get well. I prescribed alkalies and creasote pills to relieve the flatulence, and gave instructions that in the event of severe pain coming on, recourse should be had to warm baths, opium, and chloroform.

On the afternoon of the same day, probably owing to the fatigue and shaking consequent on the journey from and back to the country, the pain and vomiting returned with great severity, and continued to recur at short intervals until death from exhaustion three weeks afterwards. During the last week of life hæmorrhages occurred from the different mucous membranes; and on one occasion, a few days before death, during a violent fit of retching, the patient felt a sudden sharp pain in the region of the gall-bladder, as if something had burst, and soon after she vomited some blood mixed with mucus.

A post-mortem examination was made, in accordance with a wish which had been expressed by the patient herself, by her medical attendant, Mr. Taylor of Guildford, who has kindly furnished me with an account of the appearances found. There was nowhere any cancerous deposit. The liver was uniformly enlarged, and gorged with bile. But the most remarkable appearance was the enormous dilatation of the cystic and common bile-ducts, which, as you see, will admit the tip of my index-finger. The duodenal end of the common duct is blocked up by a cylindrical gall-stone, measuring about an inch in length and half an inch in thickness. This projected into the bowel, where a portion of its surface was bare and exposed from ulceration or rupture of the superimposed mucous membrane. The orifice of the duct was not enlarged, and can be seen in the centre of the projection like a small dimple. Seven smaller polyhedral concretions were found in the gall-bladder and dilated cystic duct. Two others were found in the hepatic duct and two in the dilated ducts in the substance of the liver. All of them had facets on all sides, and had probably been formed in the gall-bladder. The blood was dark and fluid, and extravasations were found in different parts of the body.

EDMUNDS v. BECK.—The action for libel brought by Dr. Edmunds against Dr. Beck, came again before the Lord Chief Justice on Wednesday, the 9th inst., when, the defendant having undertaken to withdraw his charges, make an ample apology, and accept a verdict of 40s. and costs, Dr. Edmunds (through his counsel) declared himself satisfied.

ON

THE OPERATIONS PERFORMED IN THE GENERAL INFIRMARY AT LEEDS,

DURING A PERIOD OF OVER SIXTEEN YEARS, FROM THE END OF NOVEMBER, 1852, TO MAY, 1869;

WITH REMARKS THEREON.

BY THOMAS NUNNELEY, F.R.C.S.E.,

ONE OF THE HONORARY SURGEONS.

(*Concluded from page 187.*)

I OMITTED to insert in its proper place one important operation, that of EXTIRPATION OF A VERY LARGE FIBROID UTERUS.—The woman, aged 38, I had on three different occasions admitted for lengthened periods into the infirmary, on account of incessant vomiting, and constant profuse hæmorrhage. So long as she remained in the horizontal position these exhausting symptoms were kept in abeyance, but on her getting up and moving about they returned, and defied all treatment. With a full knowledge of the danger of the operation, she begged to undergo it. It was easily accomplished, and, so far as the removal of the diseased uterus was concerned, successfully. On the administration of chloroform, such intense retching set in, that the anæsthetic had to be at once suspended; but the retching continued for two days, during which nothing whatever remained on the stomach, when she sank from exhaustion, as it appeared, so occasioned, rather than from the ablation of the fibroid mass.

MORTALITY.

That the mortality after operations in hospitals is much influenced by many causes altogether unconnected with the hospital itself, some of which are as yet beyond our control or even knowledge, the following varying rates for different periods in the Leeds Infirmary will show.

From May 1st to the end of October, 1865, 21 deaths occurred out of 100 recorded operations, being at the rate of 21 per cent. In the next six months, from Nov. 1st, 1865, to the end of April, 1866, there were 23 deaths after 118 operations, which is nearly in the same ratio; while in the following six months, to November, 1866, there were only 10 deaths after 115 operations, being less than one-half the percentage of the previous half-year; and in the six months from Oct. 1st, 1868, to the end of March, 1869, out of 140 operations there were only 6 fatal cases, being less than 1 in 23; and in the last half of these six months, January, February, and March, only 1 death occurred out of all the operations: and this, be it recollected, was the last period of the occupation of the infirmary which had been in use for 100 years.

To show that these varying rates of mortality were not dependent upon the less severity of the cases treated in the different periods, I append a list of the more important operations performed.

From May 1, to Nov. 1, 1865.		*From Oct. 1, 1868, to March 31, 1869.*	
Compound fracture of skull	2	Amputation of hip	1
Amputation of thigh	6	,, thigh	7
,, leg	8	,, leg	9
,, shoulder	2	,, shoulder	1
,, arm	6	,, arm	3
,, forearm	1	,, forearm	5
Strangulated hernia	4	Excision of hip-joint	1
Excision of entire tongue	1	,, knee-joint	1
,, knee-joint	1	,, elbow-joint	1
,, elbow-joint	5	,, lower jaw	1
,, wrist-joint	1	,, entire tongue	3
,, upper jaw	1	Strangulated hernia	4
Lithotomy	2	Ablation of contents of orbit	3
Cæsarean section	1	Lithotomy	7
Ovariotomy	1	Perineal section	6
Ligature of subclavian art.	2		53
	44		

That these varying results do not depend exclusively, or even mainly, upon what has been called mere "hospitalism" is, I think, sufficiently shown by this statement. One such positive fact is enough to negative many plausible suppositions. I am not about to deny that the conditions and arrangements of an hospital are without influence upon the result of cases treated within it, and to which I shall presently allude; but I do deny that the size of an hospital and the mere number of patients it contains stand so directly in relation to the results of treatment as to be the sole cause of its effects, as has been declared.

What, then, are the causes which influence the rate of mortality after operations in hospitals, as compared with that which occurs in private practice, about which so much has been said during the last few years, and which it is of so great importance accurately to ascertain? Before this serious matter can be definitely settled, it seems to me that there is one most important preliminary question which it is essential to determine, but which has been in a great degree overlooked by more than one of those who have spent so much labour in the inquiry; and yet, as I venture to think, it lies at the very threshold of the inquiry—namely, are there any general, universal causes which influence the results of surgical operations, altogether apart from accidental circumstances? Such, for instance, as the more or less favourable position as to locality, food, nursing, &c., and, above all, skilful or unskilful surgical treatment, and suchlike secondary influences. I think there are, and that the time has arrived when, from the accumulated evidence we possess, there need be no hesitation in declaring that at least some causes are general, and may be regarded as natural; yet, as I have said, they are often overlooked, if not ignored, and one secondary circumstance alone, important though we may admit it to be, is regarded, to the exclusion of many others, which, not unlikely, may be of at least equal importance in influencing the result.

Let us take the inferences which, I think, may fairly be drawn from the foregoing results of the surgical practice for a little more than 16 years (16¼ years), from December, 1852, to April, 1869, at the General Infirmary at Leeds. These inferences will, I believe, be found to be in strict harmony with those of almost every other hospital where the results have been tabulated and laid open to observation. If we wish to obtain general laws, it will not do to select one kind of operation alone, to the exclusion of all the rest, as amputations, for instance; nor will it do to include every case which has the same name, under whatever circumstances it may occur, in one group, and then to suppose the result thus obtained—first, by neglecting all but the one kind of operation, and, secondly, by including all, however diverse, of this one kind in the calculation—as applicable to, and as showing an accurate result of, operations for every kind of surgical injury and disease. So long as this is done much labour will be expended, and very great ingenuity may be exercised, but certainly no reliable general law will be established. That most important information has been gained is certain; that great good will follow these inquiries no one can doubt; that the construction of hospitals will be much more in accordance with common sense, and less regulated by the very crude and incomplete notions which have been so pertinaciously and dominately put forward during the past few years by some enthusiasts, who have only considered one side of the question, is devoutly to be hoped; and that much less money will be spent in obtaining greater efficiency is to be expected; but that the whole truth will be so arrived at I do not believe. Many things must be determined before this can be accomplished. While we may not adopt as incontrovertible all the propositions deduced by Sir James Simpson from his laborious investigations, we cannot but warmly admire the zeal and ability which he has expended on the subject, which must be attended with benefit in the obtaining better results in the arrangement of hospital buildings, whereby more value will be got from a smaller outlay of money.

I venture here to mention three general laws, which may now be taken as established.

1st. *That age alone exercises a most important influence over the results of injuries and operations.* This is to be observed in every kind of operation, after early infancy, when the vital powers have become developed. This is clearly illustrated in the three kinds of operation which are best adapted for observation, inasmuch as both adult and young are subject to them in numbers sufficiently large for

comparison—namely, amputations, excision of joints, and lithotomy; where it is shown that, *cæteris paribus*, mortality increases with the age of the patients. This is true not only as a whole, but it is equally true in the details. Thus these tables show, and so do many others, that under 10 years of age lithotomy is hardly to be regarded as a dangerous operation. As age advances it becomes increasingly so. Thus out of 74 cases of lithotomy under 20 years of age, 69 recovered; and only 5 died from all causes, and even some of these could hardly be said to essentially depend upon the operation—equal to only 1 death in every 15 cases; while of 27 cases above 40 years old, no less than 6, or 1 in every 4½ died. Of excisions of joints the tables show a like condition. The average age of successful excisions of the knee-joint is 18 years, of the unsuccessful 30 years; of the successful elbow-joint excisions it is 19½ years, and of unsuccessful 30 years. The much larger number of amputation cases exhibit this even more strikingly. Thus of the 99 recoveries of primary hand amputations the average age is 20 years, of the unsuccessful it is 48 years; of the pathological hand amputations all recovered. Of the 56 successful primary forearm amputations the average age is 25½ years, of the deaths 29 years; of the successful pathological forearm amputations it is 35 years, of the deaths 44 years; of the successful primary arm amputations it is 23 years, of the unsuccessful 44 years; of the successful pathological arm amputations it is 28½ years, of the unsuccessful 75 years. The lower extremity still better proves the same thing. Thus, of successful primary amputations of the foot the average age is 23 years, of the unsuccessful it is 26; of the successful pathological it is 23½ years, of the unsuccessful 41 years. Of successful primary amputations of the ankle and leg 25 years is the average age, of the unsuccessful it is 39 years; of the successful pathological it is 25½ years, with no death. Of successful primary lower and middle thigh amputations the average age is 21 years, of the unsuccessful it is 44½ years; of the successful lower and middle thigh amputations it is 20½ years, of the unsuccessful 33 years. Of the successful primary upper thigh amputations it is 6½ years, of the unsuccessful 26 years; of the successful pathological upper thigh amputations it is 23½ years, and of the unsuccessful 37 years.

It may be alleged, with some truth, that in some of these calculations the number of cases included is too small to speak very positively upon; and that two or three patients, whether successful or unsuccessful, who happened to be very young or very old would alter the average age of recoveries or deaths. No doubt this objection is not without its weight, and if such single table alone formed the basis for our deduction it would be very important; but as each table shows a like result, they must be taken together, and as forming one, when it will be admitted that the number of cases is sufficient to be perfectly reliable as excluding such source of error, and to prove that the result must depend upon a general law, and not be accidental. Besides, these tables do not stand alone, but are in agreement with most of those which have been prepared from other materials by other writers.

2nd. The second proposition which I would venture to state as a general law is, *cæteris paribus, that in proportion to the size of the injured part, or that of the part removed by operation, so does the danger to life increase*; or, in other words, that the danger to life increases in direct ratio to the size of the part removed. This proposition has, I think, been less commonly recognised than the previous one, of the relation of age to the result; and though the truth of it has been for long past gradually dawning, and is fully supported by the statistics of amputations lately published, its importance is not even now fully recognised by many surgeons. Nothing is more common, when an amputation is about to be done, and how to get flaps is considered, than to hear said, "Oh, take plenty; the removal of an inch or two is of no consequence!" Yet that it is of great consequence a study of the results here recorded will prove. I do not mean to assert that the desire not to remove a bit more of a limb is to override every other consideration; but this I do mean to declare, that unless some decided advantage is to be gained by the removal of more of a limb than is necessary to leave a good stump, we ought always to remove as little as may be requisite for the attainment of this end, and that every inch of a limb unnecessarily sacrificed is a positive wrong done to the patient by increasing, *pro tanto*, the danger to his life. Thus out of 111 operations, in which (excluding the minor operations) the whole or a considerable part of the hand was removed, 108 recovered and only 3 died, being 37 recoveries to 1 death; out of 81 amputations of the forearm, there were 74 recoveries to 7 deaths, or 11½ recoveries to each death; of 82 upper arm amputations, 59 recovered and 23 died, being 3½ recoveries to each death; of 11 shoulder amputations, 6 recovered, while 5 died, or 1½ recoveries to 1 death. Of 68 foot amputations (excluding the minor), 61 recovered and 7 died, or nearly 10 recoveries to each death; of 10 recorded (there must have been more) ankle-joint amputations, 9 recovered and 1 died; of 168 amputations of the leg, 125 recovered and 43 died, being nearly 4 recoveries to each fatal case; of 107 amputations in the lower or middle thigh, 74 recovered and 33 died, being 2½ recoveries to 1 death; of 18 upper thigh amputations, 9 recovered and 9 died; and of 2 amputations at the hip-joint, 1 recovered and 1 died. Thus it will be seen that not only is the mortality greater in proportion to the size of the part of an extremity removed, but that it is also greater for each of the corresponding portions of the lower extremity than it is for those of the upper extremity. These proportions are too constant to allow of their being accidental or mere fortuitous coincidences: they must depend upon a general cause.

3rd. The third general law appears to be, *that operations performed immediately on or very shortly after the receipt of an injury* (primary operations, as they are commonly now called) *are more fatal than are those which are performed at a subsequent period or for disease* (secondary or pathological operations). I now simply state this as a fact, without attempting to go at any length into the causes of this difference. Whether it be that the body in rude health is, as it were, taken by surprise, and so resents the mischief in a more violent manner than when it is, so to speak, accustomed to disease; that visceral complications are more prone to be set up when the system is suddenly altered from its ordinary healthful condition, than when it has become accustomed to confinement and toned down by previous illness; or that the shock of amputation, following so shortly upon the shock of injury, occasions the fatal result, as may be contended by those who argue for one or other theory (probably all of these causes are contributory), —the fact seems to be undeniable. There are also two other important considerations which must not be overlooked. The first is, that accidents which are followed by immediate operation not unfrequently occur when a person is in a drunken, bewildered condition, or in those who are habitual drinkers, whose system is constantly bordering on disease, and is unable to withstand the least disturbing cause, so that the injury itself, without the operation, is sufficient to produce fatal mischief, and hence to run up the death-rate abnormally beyond what is simply due to the operation itself. The second consideration also has, I believe, a very important influence over the result—namely, that an injury to a limb which renders immediate amputation of it necessary often is not the only mischief inflicted. Other limbs may at the same time have been seriously hurt, or one or more of the viscera may have been injured, so that the patient might with fairness be said rather to die of these injuries than because of the amputation of the limb; or the two causes together may overpower the system, when one injury alone would have been recovered from. Besides this, injuries requiring primary amputations of nearly identical parts, and of so similar a character as to involve classification under the same head, may really be of very different gravity and danger. Thus, very recently, within one month, I have had three cases in which the left arm had been torn off just below the shoulder-joint, and in which a like primary operation was performed, but in which, from the first, it was evident a very different amount of danger had to be met. In No. 1, a child got its arm entangled in the spokes of a revolving cart-wheel; the arm was twisted off immediately below the shoulder-joint, all the integuments covering the scapula being likewise detached; these all sloughed, and the stump had to cicatrise by slow granulation, the child long remaining in a critical condition. No. 2 was a man whose arm was twisted off in precisely the same part by a very rapidly revolving shaft; but the integument not being detached above, he recovered so rapidly as to be able to leave the infirmary in eighteen days. No. 3 was a boy whose arm had also been twisted off by a machinery

shaft in a similar part and manner; but in him not only the integument over the scapula had been detached, but that over the whole pectoral muscle and clavicle as well; this all sloughed. He never fully rallied, and died on the sixth day.

Of primary amputations of the upper extremity there were 233; of which 200 recovered, 33 died: 6 recoveries to 1 death. Of these, 102 were of the hand; of which 99 recovered, being equal to 33 recoveries to 1 death. Sixty were amputations of the forearm; of which 56 recovered and 4 died, being 14 recoveries to 1 death. Of 62 arm amputations, 40 recovered and 22 died—nearly 2 recoveries to 1 death. While of 9 shoulder-joint amputations, 5 recovered and 4 died; being at the rate of 1¼ recoveries to each death.

Of the 52 pathological upper extremity amputations, 47 recovered, 5 died; or 9 recoveries to each death. Of these, 9 of the hand, all recovered; of 21 of the forearm, 18 recovered, 3 died—6 recoveries to 1 death; of 20 arm amputations, 19 recovered, 1 died; and of 2 shoulder amputations, 1 recovered and 1 died.

Of the lower extremity primary amputations there were 122: 71 of which recovered and 51 died; hardly 1½ recoveries to each death. Of these, of 23 foot amputations, 21 recovered and 2 died, nearly 11 recoveries to 1 death; of 2 ankle-joint amputations, 1 recovered and 1 died; of 69 leg primary amputations, 41 recovered and 28 died, 1½ recoveries to 1 death; of 17 middle and lower thigh amputations, only 4 recovered, while 13 died, or rather more than 3 deaths to 1 recovery; and of 9 upper thigh amputations, only 2 recovered, while 7 died, being 3½ deaths to 1 recovery.

There were 253 pathological lower extremity amputations: of which 210 recovered, 43 died; equal to 5 recoveries to 1 death. Of these, 45 were foot amputations; of which, 40 recovered and 5 died, or 8 recoveries to 1 death. There were 8 amputations at the ankle; all of which recovered. Out of 99 leg amputations, 84 recovered and 15 died, being rather more than 6½ recoveries to each death; of 90 middle and lower thigh amputations, 70 recovered and 20 died, or 3½ recoveries to 1 death; of 9 upper thigh amputations, 7 recovered and 2 died, or 3½ recoveries to 1 death; and of the 2 hip-joint amputations, 1 recovered and 1 died.

These statistics will thus, I think, clearly prove how little worth are all comparisons as to the relative results of amputations in different places and circumstances, unless these three general laws of age, size of part removed, and period of amputation are distinctly estimated and allowed for. When such has been done, the influence of the secondary circumstances under which amputations have been performed may fairly be considered, and the advantages and disadvantages of isolation or aggregation, domestic or public hospital treatment, compared; the manner of operating; the arresting of hæmorrhage by ligature, torsion, acupressure, or forceps; the shape of the flaps—circular, single flap, double equal-length flaps, a long and a short one, whether right-angled or ovoid; dressing or no dressing, water or grease; and lesser but not unimportant matters discussed. That domestic, or perhaps I should rather say isolated, treatment in serious and acute surgical diseases and important operations (and many medical affections also) in some respects possesses great advantage over large wards, in which many strange patients are congregated, whether they be crowded or not, is, I think, perfectly certain; and that a greater proportion of acute diseases, great surgical injuries, and major operations, will recover in the former than in the latter I believe to be absolutely true; but that the results depend exclusively upon the size of the wards, or the poisoning of its walls, floors, furniture, or air, I do not believe. There are many other causes which in my opinion exert at least as great, if not far greater, influence than this mere hospitalism. In fact, the argument that the result depends upon the hospital, and that the fatality is in direct ratio to the size and age of the hospital, proves too much. No consideration is given to the position, construction, size of the wards, whether large or small, their arrangement, whether crowded or not, the kind of bedding and other furniture, but merely to the size of the hospital and the gross number of the patients it admits; yet in some instances the patient in a large hospital must be in a more isolated position than he possibly could be in most crowded cottages, and all the surrounding circumstances must be far less likely to induce "hospitalism" than what must often be the condition in what is described as "cottage treatment," where many inmates are crowded together in close juxtaposition, and where fresh air, cleanliness, seclusion, due attention to diet, and such necessaries are absolutely impossible. Here must be the circumstances which are supposed to induce hospitalism, pyæmia, and other terrible results; and yet we are told they never happen. If the mere age of an hospital were the important cause of fatality which it has been declared to be by some, owing to its floors, walls, ceilings, and furniture gradually becoming more and more saturated with disease-producing germs, the mortality within it should be in proportion to its age independent of other things; yet that this really is not so is within the knowledge of every hospital surgeon, and as the tables of mortality after operations at different periods in the General Infirmary at Leeds, given just above, will show.

A large portion of the Birmingham General Hospital has been in use for ninety years; the other part is quite modern, where the wards are not only more lofty, but afford a larger cubic space per bed than the older wards do; yet, in a recent visit to it with my friend Mr. Oliver Pemberton, I could not learn that operations were more successful, or that erysipelas, pyæmia, and such affections were less prevalent, or less fatal, in the new wards than in the older. This is also, I believe, true in the large hospitals in Bristol, Liverpool, and Newcastle. Some time ago, when visiting the Hôpital Lariboisière with Mons. Verneuil, he told me (which was repeated to me by one of the resident medical officers quite independently, and, indeed, unknown to each other) that in the old Hôtel Dieu, formerly a monastery, in the most crowded part of the centre of the city of Paris, with its low arched stone ceilings, used as it has been for many centuries as an hospital, they cured a greater number of bad surgical cases than he and other surgeons could in the costly and magnificent, extravagantly built Hôpital Lariboisière,* situated on high ground, in the outskirts of Paris; remarking, in answer to my expression of surprise at the beauty of the place, "*Oui, Monsieur; très beau, mais très mauvais.*" At Lyons, where the old town Hôtel Dieu contrasts in every possible respect with the large modern hospital placed on the high elevation of Croix Rouge, it is also the case. I was told the same account in Switzerland, where I compared the low crowded wards of the old town hospital of Lausanne with the splendid new suburban Cantonal hospital at Geneva. The one is an ancient, ill-arranged, crowded, converted monastery; the other, a splendid new building, erected with all the requirements of modern skill.

When a severely injured person is at home, surrounded by his friends, where his old habits, associations, and tastes are attended to, I believe his mental condition is calmer and more quiescent than when he is placed in a large bare ward with thirty or forty entire strangers, who for the most part are far too much engrossed with their own troubles to care greatly for his; and the mere presence of severe injuries, operations, and deaths has an appalling influence upon him. I have seen more than one patient so palpably injured, and one undoubtedly frightened to death, by two dreadfully mutilated men being on the same day placed in contiguous beds, where they very shortly afterwards died, that I always, as far as is possible, insist that two bad cases shall never be placed side by side. In every hospital there must be days (commonly two in the week) upon which friends are admitted to see the inmates. Now, suppose a ward contains 30 patients, it will usually lead to the noise and confusion of nearly 100 visitors tramping about, which, in my opinion, cannot but be most prejudicial to anyone who is seriously ill or injured, or who has lately undergone a capital operation. It is also, in large wards as now constructed, on the hypothesis that too much light and air cannot be admitted, quite impossible to adjust the light, heat, and ventilation so as to be what is best for every case in it. See how in these respects a large ward, constructed on these notions, contrasts with what every one insists upon in private practice, where, in similar cases, seclusion from light, noise, and all disturbing influences is rigidly enforced. If this be proper in the one case, I cannot imagine how the opposite can be so in the other. True, these and analogous things are, in my mind, unanswerable arguments against placing

* The Hôpital Lariboisière is the prototype of the Leeds New Infirmary the wards being of the same size and general arrangement, if not of the exact measurement.

every serious case of injury or operation in a large ward amongst many strangers, and especially where there is not the least privacy; but they by no means prove that large wards are to be abolished for chronic or convalescent cases, or that the skill and experience of hospital surgeons are of no avail whatever, or that a man who has successfully performed two or three operations in a cottage is on a par with the man who for years has seen and done the work of a large hospital. Some statisticians would seem to show, and even to prove, that experience and practice in operative surgery are useless, and form an exception to every other department of human knowledge.

There is yet another circumstance, which it is impossible to reduce to tables, but which I believe plays a most important part in influencing the ratio of recoveries and deaths after operations, and which is special and peculiar to each operation itself,—the kind of cases which are submitted to operation, and what are treated without. Many an injury for which one surgeon will remove a limb will be treated without operation by another; and many another injury which one surgeon will consider so serious that he will not operate upon the patient, another man will think it right to operate upon, so that he may give the sufferer what he fully knows is a poor chance for his life, but still the only one. I little doubt that in our infirmary many cases are treated without operation, with the desire to save the limb, which in some places would at once be amputated, conservative surgery being carried out to its full extent; while many other cases, where the injuries are of so serious a character as to render them of the greatest danger, are operated upon, and which some surgeons would decline on account of their severity. Such differences in practice must render the numerical result apparently much worse where one idea of treatment prevails than where the other is adopted; but obviously the worse result is only apparent, and not real, and if all the facts could be fully known it might so far reverse the numbers. I think that I shall be supported by the concurrent opinion of the great majority of surgeons who are familiar with the practice in rural surgery as well as that in large hospitals, that such differences really do prevail, and, from the necessities of the situation, always have prevailed, and probably always will.

My beau ideal of an hospital is the combination of large, cheerful wards, having plenty of air and light, with enough space for exercise, in which chronic and convalescent cases, minor injuries, operations, and diseases may be advantageously placed; with a sufficiency of small and different sized wards, capable of accommodating from one to six or eight patients. In these I would place every serious injury, capital operation, or acute disease, and more especially all offensive and contagious affections, which, as now usually put in the large wards, are, I believe, not only disgusting to the other inmates, but the not unfrequent cause of "hospitalism" and death to them. To place a sufferer from a large scald or burn, an old stinking ulcer, a gangrenous wound, cellular erysipelas, with large fetid sloughs and suppuration, cases of incontinence of urine or fæces, and such-like affections, as has now to be done in the Leeds and some other new hospitals, is, in my opinion, contrary to all propriety, and so injurious as to seriously militate against the philanthropic object for which such enormous outlay has been made—varying from at least £400 in the Leeds Infirmary, to considerably more in others, for each bed occupied.

Leeds, January, 1870.

ON SCARLATINA SINE ERUPTIONE.

By C. H. ROBINSON, L.K.Q.C.P.I., M.R.C.S.I.

DEMONSTRATOR OF ANATOMY TO THE LEDWICH SCHOOL OF MEDICINE, MEMBER OF THE SURGICAL SOCIETY OF IRELAND, ETC.

THE interesting nature of the following attack of scarlatina, without any eruption occurring, is, I believe, of sufficient importance to justify its insertion in the pages of THE LANCET.

Some months since a gentleman in this city, whilst in his office, was asked permission by a messenger of his for leave for a day, in order to bury a child who had died from scarlatina. Two other children of his, it seems, had died a short time previously of the same disease. His request was granted, not only for the time required, but he was directed to remain away for several days longer. Within two days afterwards this gentleman was attacked with sore-throat, for which I attended him. In a couple of days the inflammation spread to the right ear; and the worst case of acute otitis I ever saw was the result, not only the mucous membrane of the external auditory meatus being attacked, but also the membrana tympani. After intense pain had been endured—and no one can form an idea of the frightful agony connected with inflammation of the ear who has not been a sufferer from some aural affection,—suppuration took place from the membrana tympani, as was seen by examining the ear with the auroscope. The throat affection only lasted a couple of days; and I shall not refer to it further, as it was of very slight importance. He was treated by blisters, local application of the tincture of iodine, and the ear was well syringed with hot water and soap, glycerine on cotton-wadding being afterwards applied. When suppuration took place, a solution of sulphate of zinc (two grains to the ounce) was used several times daily, the applications after a time being changed to cold instead of hot water, as previously used. Some internal medicine was given, but nothing of much consequence, simply to prevent costiveness and to allay pain when required. This attack of otitis lasted several weeks; and during it all hearing was lost: in the commencement, from the swelling of the mucous membrane of the external ear; afterwards, from the effects of the suppuration. This, however, I am glad to say, was not permanent; but the sense of hearing did not perfectly return for several months.

Within two or three days from the time this gentleman suffered from sore-throat, several members of his family were also attacked with a similar affection. In two it was slight, lasted only three or four days, and merely required confinement to the house and an occasional application of a strong solution of nitrate of silver. In one case, however, it ran a very severe course: here the tonsils were very much swollen, and the uvula œdematous, being double the usual size from infiltration of serum, and resting on the tongue; whilst the soft palate and sides of the pharynx were of an intense scarlet colour. Swallowing was almost impossible, and gave great pain. The pulse was very frequent and weak, about 120 on the average during the height of the disorder; and great heat of skin was present. Great dyspnœa also occurred, generally in paroxysms. These paroxysms of suffocation came on at irregular intervals, generally about two or three times in the night, never in the day; and may have arisen from spasm of the glottis, or, more likely, from an extension of the inflammation to the aryteno-epiglottidean folds of mucous membrane, thereby causing an œdematous state of the parts, and accounting readily for the difficulty of breathing. Some nights I was called up three or four times, and obliged to swab the parts well with the strongest solution* of nitrate of silver I could obtain. The treatment, besides cauterisation, included the inhalation of the steam of hot water, and the internal administration of chlorate of potash in large doses, with the tincture of the perchloride of iron; whilst large quantities of beef-tea, chicken-broth, and other nourishing food, in combination with several glasses (six to eight) of port wine, with a couple of glasses of brandy, were daily administered. I also scarified twice, with a bistoury, the swollen tonsils and œdematous uvula.† The tonsils, I may add, at the height of the disorder, were covered with whitish patches, whether consisting of a pseudo-membranous character, or formed by the nitrate of silver causing an albuminate of silver to be deposited, I cannot say.

This state of things lasted about four days, when the anxiety began to get less, and the symptoms to remit, until at last the patient recovered. But her voice, after convalescence had taken place, was husky and smothered, and, although a good singer, her voice was entirely gone. This loss of her vocal powers continued for several months, until

* I object to using the solid nitrate of silver to sore throats, from the possibility of a piece breaking off, or the caustic getting loose from the holder, which has happened to me twice, fortunately without any injury to the patient; but if it had been swallowed, fatal consequences would probably have resulted.

† After writing the above account, I came across, in THE LANCET for 1850, vol. ii., p. 267, this treatment of scarifying the tonsils recommended strongly by Dr. Charles Jones in this affection. He considers that it unloads the congested vessels, relieves the difficulty of swallowing, and lessens the tendency of the inflammation to spread to the larynx.

at last the huskiness gradually disappeared; but she did not recover her voice perfectly until nearly six months had elapsed from the time the attack commenced.

It is my firm belief that these were all cases of that awful malady, scarlatina. It is true there was no eruption in any of the four patients, but from the history I have detailed, and from the severe symptoms which took place, as shown in the above hasty account of the affection, I think it will be acknowledged that my conviction is correct; and if so it proves also that a person who has taken scarlatina sine eruptione may carry the infection to another.*

In all the cases the patients had scarlatina before; but a secondary† attack of this affection is not so very uncommon, I myself having had it three times, each time lighter than the preceding attack.

Cases of scarlatina sine eruptione have been described by several trustworthy observers,‡ so as to place the matter beyond all doubt; amongst the rest by Dr. Graves, of Dublin; also by Professor Trousseau, who styles them cases of *defaced* scarlatina (scarlatine fruste), and to whose account of the affection, in his splendid "Clinical Medicine," I must refer the reader who wishes for more information on this interesting topic.

Upper Merrion-street, Dublin, Feb. 1870.

CASE OF PARAPLEGIA: RECOVERY.

By THOMAS LANGSTON, L.R.C.P.E., &c.

MRS. S——, laundress, aged forty-nine, who has had ten children, a muscular and apparently strong woman, states that she enjoyed excellent health until the 17th September, 1869, when she began to experience a feeling of aching pain in the back, and numbness in the feet and legs. On walking on the following morning she found she had entirely lost all power over the lower extremities and left arm. Her habits have been temperate, and she does not recollect having been unusually exposed to cold.

I saw her on the 20th September. She was in bed; her countenance was expressive of anxiety, and there was partial ptosis of the left upper eyelid; tongue furred, and when protruded diverged to the left; intellect was perfectly clear. She had slight cough, but no expectoration. Percussion and auscultation of the chest elicited nothing abnormal. Heart-sounds healthy; pulse slow; bowels costive; urine scanty, contains abundant phosphates, no albumen; the temperature the same on both sides of the body. There was total loss of power over the lower extremities, but sensibility remained. She complained of great pain in the lumbar region, which was increased by pressure and by any attempts to move the body. She was very restless and suffering from alternate chills and heats. I advised lying on the right or left side, with the idea of relieving the vessels of the cord; also friction to the spine and free purgation.

On the 30th the pain in the back increased; she was still powerless; sensation remained; she perspired freely, and complained of the alternate chills and heats. Half-drachm doses of the liquid extract of secale were prescribed, to be taken twice a day; with a pill at bedtime, containing one grain each of extract of belladonna, and extract of cannabis indica. She expressed herself as feeling easier from the pill next day.

The paralysis remained the same until Oct. 7th, when I requested a consultation with Dr. Russell Reynolds. This gentleman regarded the case as one of paraplegia, caused by congestion of the vessels of the spinal cord, together with her period of life, and said the prognosis was doubtful. We agreed to apply Chapman's ice-bag upon the entire spine for one hour every morning and evening, afterwards a hot water bag for the same period, and to give two minims of solution of strychnia twice a day and continue the pills. On the 11th she began to move the toes of the left foot; pain in the back was considerably easier. The ice and hot water were now applied once a day. On the 14th she said her back felt "double its natural size"; she could flex the legs upon the thighs, and was so much better on the 29th that the ice was discontinued. By Nov. 12th she had so far recovered as to be able to walk across the room with the assistance of a nurse, and on the 17th walked alone. The solution of strychnia was continued up to this date, the dose being increased to four minims on Nov. 9th, so that she has taken about two grains of strychnia.

Dec. 8th.—Is quite recovered and has resumed her duties.

Westminster, Jan. 1870.

* This has been proved by Willan, and by Graves of Dublin, who mentions the case of a lady having had sore-throat without any eruption, who conveyed the infection to a whole family, each member of whom had a well-marked eruption.

† Vide Discussion at Roy. Med.-Chir. Soc., THE LANCET, 1855, vol. i., p. 536; Dr. Lynn, in Appendix to Dr. H. Kennedy's work on Scarlatina, p. 211; Dr. Hillier, *Med. Times and Gaz.* for May 31st, 1862, p. 539, where he also mentions that Dr. Richardson and a medical student each had the affection three times.

‡ Dr. Harrison, *Dub. Quar. Jour.*, vol. xv., p. 320; Dr. H. Kennedy's "Account of an Epidemic which prevailed in Dublin," pages 32 and 65; Dr. Lynn, in Appendix to Dr. Kennedy's work already quoted; Dr. Hillier, *Med. Times and Gaz.* for June 7th, 1862; Dr. N. Heckford, *Brit. Med. Jour.*, Nov. 21st, 1868, p. 545; Dr. Coley, THE LANCET, vol. i, 1848, p. 204; &c.

ON THE USE OF SIMPLE SYRUP AS A COLLYRIUM.

By LAWSON TAIT.

THERE are few conditions of the eye which are more intractable, and more unsatisfactory under treatment, than that common affection known as "granular lids"; and there is, perhaps, in all its varieties, no disease of the eye which so frequently comes under the notice either of the specialist or of the general practitioner. I have tried, as others have done, all the varieties of treatment which have been recommended, from excision of the granulations to the application of the most mild caustics; and I have found that the invariable result is that, although a temporary relief may be obtained, the edge of the tarsal cartilage is turned inwards, and the state of matters is ultimately made worse by the sweeping of the cornea by the lashes.

In cases of pannus, usually the result of Egyptian ophthalmia, we have a very certain remedy in inoculation—that is, certain in the sense of either kill or cure. Under my own care, I have had one most satisfactory result from this treatment, but I have also had two cases of complete failure, and, of course, of irretrievable mischief. The secret of the successful selection of these cases was revealed to me by my failures; and in a recent conversation with Mr. Critchett I found that it had also been revealed to him. It is that, to be successful, the treatment of pannus by inoculation must be confined to cases where the whole cornea is vascular. In Mr. Critchett's words, "It is a little bit of clear cornea that we have to fear." This, of course, leaves very few cases where the inoculation is applicable.

In looking back over my cases, it appeared to me that the most successful treatment for ordinary cases of granular lids was that which seemed to act by mechanical lubrication,—as in the use of liquor potassæ, or in that of acetate of lead in powder, as recommended by Mr. Dixon. With this view I was induced, many months ago, to use in these cases nothing but simple syrup as a collyrium, and I have met with extremely satisfactory results in some cases,—but not in all. In many cases it may be combined, with great advantage, with other remedies, as with vinum opii, atropia, &c.

Of these cases, I have, unfortunately, not kept any detailed notes; but in all those in which the treatment was successful, it was uncomplicated, and extended over many weeks. It consisted of dropping into the eyes, as often as they felt uneasy, a little syrup, made of the best sugar, and filtered quite clear. It was of such a strength that it did not deposit sugar: about three drachms or half an ounce of sugar to an ounce of water. During the first few days of its use it sometimes seems to make the symptoms rather worse, but this aggravation soon passes off, and the effect is generally not long in being manifested. The last case in which I used the treatment successfully was a very bad one. A delicate, strumous-looking girl, aged eight years, had suffered from cloudiness, chronic ulceration, and vascularity of the cornea for nearly two years. The lids were granular, and she had all the other distressing symptoms. She used the syrup only, and in about nine weeks the cornea became perfectly clear. She has since died of pulmonary phthisis, and some may possibly say that the appearance of

this disease had something to do with the cure, or that the cure of the eyes had something to do with the establishment of the disease of the lungs.

I am induced to write this note in order that a remedy may be widely known which may be successful in at least some cases of this troublesome malady.

Wakefield, Jan. 28th, 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullaautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

EPITHELIOMA OF THE LIP.

(Under the care of Mr. ERICHSEN.)

ON Jan. 26th Mr. Erichsen operated on a man who presented over the lower lip, near the right angle of the mouth, a suspicious-looking ulcer seated on an extensive and very hard base. The patient was thirty-two years of age, robust and active, and had previously had good general health. There was no broken tooth near the disease to cause irritation of the lip, and the patient had not been in the habit of smoking a clay pipe unguarded at the end by sealing-wax. Some short time before the appearance of the ulcer the man had received a blow from the fist on the lower lip.

In this case there were two points of great interest and importance. One of these bore upon the question of the nature of the disease, as the age of the patient and his healthy appearance suggested that the ulcer upon the lip might be due to syphilis rather than to any malignant affection. On inquiring into the previous history of the case, it was found that a chancre, with syphilitic disease, had been contracted about eighteen months previously. But, as was stated by Mr. Erichsen in some remarks made in the theatre, though primary syphilitic sores are not of unfrequent occurrence, an indurated ulcer during the stage of secondaries is very rarely, if ever, observed. This point, together with the fact that the patient did not present at the time of his admission any cutaneous eruption or other superficial lesion of a syphilitic nature, led Mr. Erichsen to conclude that the ulcer was due to cancroid disease or epithelioma; and, as it was extensive, and also very unsightly, an early operation for its removal from the lip was decided upon. An enlarged and indurated gland was situated just below the ulcer, near the inferior border of the lower jaw. And the second point of interest in the case consisted in the bearing of this symptom upon the question of operative interference. Mr. Erichsen holds that excision of a cancroid growth is not contraindicated by the presence of an enlarged gland. The gland may subsequently become reduced in size, and, if the enlargement persists, can readily be removed by a second operation. In this case the ordinary operation for removal of malignant disease was performed: a large V-shaped portion of the lower lip was excised, and the raw edges were brought into contact by means of needles and twisted sutures. In operations for epithelioma it was necessary, Mr. Erichsen stated, to cut far from the disease; in the lower lip this could be done without fear, as the parts in this region are so freely movable that the edges of the wound might be brought together with ease, even after the removal of as much as half the lip. Union is generally perfected in a very short time, and on the fourth or fifth day the needles may be removed. In some concluding remarks, Mr. Erichsen asserted that, from his own experience, both in hospital and private practice, excision of epithelioma was the most satisfactory of operations for the removal of malignant disease, as this proceeding, in some instances, is not followed by a return of the disease, and in most lengthens life, and materially increases the comfort and well-being of the patient. Many cases had been under his notice in which, though the operation had been performed many years previously, there was no return of the disease. In some of these cases the knife had been used notwithstanding the presence of enlarged glands.

MIDDLESEX HOSPITAL.

CASE OF MAL-DESCENDED TESTIS, GOING IN FRONT OF THE INGUINAL CANAL.

(Under the care of Mr. HULKE.)

A TESTICLE which has not descended to its proper position, but has lodged—as in the following case—in front of the inguinal canal (an unusual seat), may become inflamed, and the tumour resulting may possibly give rise to some difficulty of diagnosis. It is worth while, therefore, to record an example which may help to remind the surgeon of the possible cause of an obscure swelling in this locality. Mr. Norton, house-surgeon, has obliged us with a note of the case.

A french-polisher, aged thirty-five, was admitted into Clayton ward with a large and very painful swelling in the right groin. He had had a small swelling in this situation for 22 years, during which time it had scarcely inconvenienced him. The day before he came into the hospital it became very painful, and increased greatly. His bowels were free, and he had not any sickness. The swelling measured six inches and a half along the groin, and four inches and a half across; it visibly fluctuated, and it was evidently in front of the aponeurotic tendon of the obliquus externus muscle. The testis could be distinguished within it, over the external abdominal ring; and behind it, in the inguinal canal, was a hard knotty mass, which, as it followed the testis when this was moved, was evidently connected with the spermatic cord. The same side of the scrotum was undeveloped. The local application of ice, and a few days' rest in bed, relieved the pain, and lessened the swelling to its former size.

WEST LONDON HOSPITAL.

STONE IN THE BLADDER; LITHOTOMY; RECOVERY.

(Under the care of Mr. TEEVAN.)

IN reference to the following case, Mr. Teevan remarked that an examination per rectum was always invaluable, especially when the patient was on the operating table and there was any difficulty in striking the calculus. By means of a rectal examination a very accurate idea of the size of the stone might be obtained, in addition to necessary information regarding the state of the prostate, &c. In children, as a rule, simple pressure of the forefinger on the stone would make it slide out of the bladder more quickly than by extraction by forceps or scoop. Lithotomy in boys was of easier performance than in adults; for in the former the stone was always within reach of the finger, whilst in the latter it was often out of reach owing to a deep, fat perineum. How, then, was it that difficulty in entering the bladder nearly always occurred in children? For the simple reason that the bladder was too often merely *pierced* by the surgeon, the opening being totally insufficient to admit the forefinger; and thus the pressure made against a small slit which had closed pushed the bladder from off the staff. Mr. Teevan stated that the internal incision into the bladder ought to be of the same size whether operating on an adult or a child, for the simple reason that the same sized instrument—the left forefinger—had to be introduced in either case.

William C——, aged six, a plump little boy, was brought to the hospital on December 11th, by his mother, having suffered from symptoms of stone for about six weeks. The child and parents were natives of Middlesex, and there was no history of stone in the family. Mr. Teevan sounded the boy, and struck what was apparently, from the faint click, a very small stone; when, however, the left forefinger was

introduced into the rectum, and the bladder tilted up, a very distinct sound was elicited.

The boy was at once taken into the hospital, and on Dec. 16th Mr. Teevan, having introduced a rectangular staff, and struck the stone, gave the former to his colleague, Mr. Fairlie Clarke, to hold, whilst he extracted by the lateral operation, a lithic-acid calculus, studded with rough phosphatic deposits, weighing one scruple. The stone, being rough, would not slide out of the bladder by simple pressure of the forefinger, and the scoop had to be used. Not the slightest constitutional disturbance followed the operation. The wound was healed on January 10th, and the boy left the hospital on January 16th.

DREADNOUGHT HOSPITAL SHIP.

A CASE OF ANEURISM OF THE ABDOMINAL AORTA.

WE are indebted to Mr. Harry Leach for particulars of the following case:—

W. E——, sailor, aged thirty, was admitted into this hospital on the 4th ult., suffering from persistent pain in the lumbar region of about three months' duration. The heart- and lung-sounds were healthy; pulse of average frequency, but feeble; bowels regular; no albumen in the urine; no hæmoptysis; great general anæmia, and appetite good. The pains continued, with severe exacerbations at frequent intervals, and were on these occasions referred to the hypochondrium, and sometimes specially to the left iliac fossa, where there was usually some tenderness on pressure. There was no history of injury or previous disease; and no pulsation could be detected in the abdominal region by sight or touch. About a week after admission, he was seized with an acute attack of pain on getting up to the stool; intense faintness and pallor followed, and for two or three minutes he was almost pulseless. This state of things recurred at uncertain intervals, with or without any exertion, and he died at the fifth or sixth attack, on the morning of the 12th ult. Iron, iodide of potassium, and Dover's powder had been given, with meat diet, and direct stimulants occasionally.

The post-mortem was performed twenty-four hours after death, by Mr. E. Greenaway. All the thoracic organs were normal. On opening the abdomen a very large clot was found, occupying the whole of the left iliac fossa, bounded above by the lower border of the pancreas, and below by the bladder and rectum, investing also the left kidney. This clot was removed with the descending colon and sigmoid flexure; the former was contracted and firmly adherent to the upper surface of the clot, but the small intestines were pushed to the right side of the abdomen. An aneurismal sac was then found, of about two inches and a half in diameter, adhering firmly to the left aspect of the bodies of the eleventh and twelfth dorsal vertebræ, which latter were carious. The clot was firm, distinctly laminated, had evidently been formed of several successive bleedings, and, when separated from all adjacent structures, weighed 3 lb. 15 oz. There were no atheromatous deposits in the aorta.

A case very similar to that above recorded occurred in the practice of this hospital, under the care of Dr. Stephen Ward, five years; ago but the additional circumstances—viz., history of injury, a very marked pulsation (corresponding with that of the radial artery), and intestinal obstruction—then helped to aid diagnosis. None of these existed in the case described, and it was only by a process of elimination that, before death, any correct idea as to the exact nature of the disease could be obtained. Many cases of aneurism are admitted into this hospital, and, in the majority of instances, are referable primarily to injury caused by falling from aloft, or to some exertion in reefing, hauling at ropes, or lifting stores and cargo.

THE ROYAL SOCIETY OF EDINBURGH has just filled up the vacancy caused in its honorary fellowships by the death of the late Master of the Mint, its choice having fallen upon Dr. Thomas Andrews, vice-president of the Queen's College, Belfast, and professor of chemistry in the same seat of learning.

Provincial Hospital Reports.

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.

TRAUMATIC CELLULITIS OF ORBIT, RESULTING IN ORBITAL ABSCESS; RECOVERY.

(Under the care of Mr. HENRY POWER.)

WE are indebted for the following notes on the case to Mr. W. Adams.

G. H——, aged seven, one week previous to his being brought to hospital, received a kick on the left eye. On admission, both eyelids were considerably swollen and ecchymosed, with an erysipelatous blush extending over the cheek and temple. The boy complained of some pain in the eye. On examination, the globe appeared to be healthy, and the vision normal. He was ordered a purgative powder and five drops of tincture of the perchloride of iron three times a day; the eyelids to be bathed with warm lead lotion. He came again five days afterwards (Dec. 2nd, 1869), when it was found necessary to admit him into hospital. There was now considerable swelling of the lids and conjunctiva, with great protrusion of globe, and tension of parts between globe and orbit; the pupil was dilated and sluggish, and the patient complained of great pain. The conjunctiva was red and swollen. The state of vision could not be found, as the pain and swelling precluded the possibility of opening the eye. Poultices were ordered, and a little compound ipecacuanha powder and mercury with chalk at night; to continue the tincture of iron.

Dec. 3rd.—The exophthalmic condition has rather increased; the boy seems very drowsy, but does not complain so much of pain.

4th.—Extensive chemosis of conjunctiva, with pus in the anterior chamber, has shown itself to-day; the whole of the structures of the eye seem more or less affected (general ophthalmitis). The conjunctiva appears bulged forwards on the inner side. Mr. Power introduced a narrow-bladed knife through the conjunctiva in the situation between the globe and inner wall of the orbit; and, finding a little pus on the end of the knife, after withdrawing it, he passed in a director and slit up the conjunctiva, when a considerable quantity of pus flowed out from the incision. A small tent of lint was inserted into the opening, to keep it from closing. The boy expressed himself as much relieved after this discharge of the pus. The eye to be poulticed.

From this time the boy continued to improve; the hypopyon and exophthalmos entirely disappeared, and he was discharged from hospital on the 6th of January, 1870, there being nothing left but a small nebula on the cornea, the remains of the inflammation with which it, in conjunction with the other parts of the eye, had been more or less affected. Vision perfect.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 25TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ANOSMIA; CASES ILLUSTRATING THE PHYSIOLOGY AND PATHOLOGY OF THE SENSE OF SMELL.

BY WILLIAM OGLE, M.D.,
LECTURER ON PHYSIOLOGY AT ST. GEORGE'S HOSPITAL.

THIS paper begins with an account of three cases which have fallen under the author's observation, in which total loss of smell was produced by a blow on the head. The author attributes the anosmia to rupture of the olfactory nerves, and points out how these nerves are especially liable to injury from blows on the occiput, which was the part struck in each case. Each patient complained not only of loss of smell, but also of loss of taste. True taste, however, was really unimpaired; what was lost was the power of recognising "flavours," which are sensations compounded

of smell and taste. These cases afford an opportunity of drawing a clear line between taste and smell, and show that taste is limited to the perception of acid, salt, sweet and bitter. These simple tastes compounded with smells form "flavours." Various cases are then considered which seem in contradiction with this opinion—cases, namely, in which smell is apparently lost, and yet the perception of flavours remains. These cases are explained, and the contradiction shown to be only apparent. A second group of cases follows, in which anosmia resulted from lesion of the nerve centres. It is shown that anosmia is a frequent accompaniment of aphasia, and it is argued that the explanation of this is to be found in the proximity of the so-called external root of the olfactory nerve to the part of the brain usually affected in aphasia, a proximity which renders the two parts very liable to be involved in one common lesion. The relative importance of the external and of the other roots of the olfactory bulb is considered, and it is held that the latter have little, if anything, to do in the preception of olfactory sensations. Lastly, a case of anosmia, recorded many years ago by Dr. Hutchinson, is discussed at length. A negro began, in his twelfth year, to lose his colour, and, in course of time, became perfectly white. The loss of colour was accompanied by loss of the sense of smell, almost, if not quite complete. This seems to have been hitherto considered a fortuitous coincidence. The author argues that such is in the highest degree improbable, and accounts for the anosmia by the destruction of the pigment of the olfactory region. Numerous arguments are used to show that this pigment plays an important part in olfaction, and that the keenness of this sense in man and mammals depends, in great part, on the intensity and extent of nasal pigmentation. Reasons are also adduced for believing that pigment is of use in the reception of auditory impressions, so that there would be a certain similarity in this respect between the three main organs of special sense, the eye, the ear, and the nose. Finally, an hypothesis is advanced as to the manner in which the pigment operates, and especially as to the manner in which it operates in olfaction.

The PRESIDENT said the paper contained many most novel facts and much ingenious reasoning. As it would be impossible to discuss properly the theory brought forward, he would ask the Fellows for similar cases to illustrate the subject.

Dr. ALTHAUS said the injury to the patient was usually insufficient to cause uneasiness at the time. Generally the condition of anosmia was discovered accidentally. The condition was not unpleasant, as in a patient of his who lived in Westminster, when the river was so bad some years ago, and who then congratulated himself on his loss of smell. He thought the condition more likely to depend on injury to the bloodvessels than on injury to the bone. In most cases aphasia was associated with this condition. A case related by Claude Bernard contradicted Dr. Ogle's theory. A woman died of consumption; her brain was healthy, but she had no olfactory nerves, yet she had liked flowers and disliked tobacco smoke. He had an anosmic patient who was very fond of the bouquet of moselle. This also contradicted Dr. Ogle's view. He had known to be associated with epilepsy a bad smell as an aura days before the fit.

Dr. BROADBENT had seen two or three cases which confirmed Dr. Ogle, and therefore contradicted Dr. Althaus. One gentleman fell from his horse, fractured the ethmoid bone, and became anosmic. Two other cases came about much in the same way. There was no smell, and little taste. Salts, sours, and bitters could be appreciated. He had experimented on the case reported by Dr. Ogle, where the soft palate adhered to the pharynx. As the woman lost smell, so did she, *pari passu*, taste. In Bernard's case it was inferred merely that she had smell, as it was the motion of putting them to her lips which made them believe the woman was fond of flowers. He thought the injury to the olfactory to be most likely intracranial. He thought the external root of the olfactory of less importance than the middle and internal.

Dr. WEBSTER said the condition evidently depended on injuries &c. to the brain. He believed such were common with insanity. (Dr. Begley confirmed this view.) He was struck with the remarks as to colour and smell. It would be interesting to know whether animals which changed their colour annually lost the power of smell or hearing.

Dr. LEARED thought some were cases of functional disturbance, as in a gentleman under his care, in whom he suspected gout as the cause. His taste was gone. In an epileptic the attack was preceded by a smell of peach blossom.

Mr. BRUDENELL CARTER said he knew a gentleman who had lost both taste and smell, but that he still liked putrescent meat. He also enjoyed a singular incapacity for getting drunk.

Mr. BROOKE said the theory confirmed a generalisation he had ventured to make in physics—that the universal medium of intercommunication was vibratory motion. Black, he said, merely implied total absorption, and pigment might absorb sound as it did light and heat.

Mr. GASCOYEN had seen two other cases where the soft palate adhered to the pharynx. The patients came for operation, but, as there was a small opening, he advised them to wait. They were both anosmic. A lady twenty-five years ago had syphilis; she lost the bones of her nose, and now she had no taste or smell beyond the appreciation of bitters and such like.

Mr. SAVORY remarked on the statement that colour affected the plants an animal could eat. This was not exactly true, as different animals differed in their capacity for eating poisonous plants. He pointed out that holding the nose lessened the repugnance to a nauseous draught.

In his reply, Dr. W. OGLE chiefly confined himself to the statement that injury to the nerve fibres was the true cause of anosmia, to a criticism of Bernard's case, and to a reiteration of his opinion as to the importance of the external root of the olfactory nerve.

HARVEIAN SOCIETY.

JANUARY 20TH, 1870.

DR. W. F. CLEVELAND, PRESIDENT, IN THE CHAIR.

THE PRESIDENT delivered his inaugural address, after which

Dr. CHARLES ROYSTON related an interesting case of Muscular Atrophy. The patient, a medical man, aged fifty, married, of sanguineous temperament, had been in active practice for twenty-five years. Two and a half years since he first perceived loss of power in the left thumb and index finger, which gradually increased till the arm was of little use. Next there was diminished power in the left leg, the muscles in each extremity becoming wasted; subsequently the right arm and leg became affected, and he is now unable to move about. The brain is as active as ever, and the memory good. General health very good, except occasional attacks of bronchitis, or lung-congestion from exposure. Has tried arsenic, strychnia, galvanism, and cod-liver oil, without benefit. The only remedy that has done good is the compound syrup of phosphate of iron (chemical food). Appetite moderate, mastication good, deglutition with fluids a little impaired. Has had cramp and involuntary twitching in the extremities occasionally.

Dr. WYNN WILLIAMS read a paper on Puerperal Fever. He considered puerperal fever might be divided into two classes; the one depending on simple inflammation, the other on specific poison. The same tissues of the body may be attacked in either case: in the one, usually confined to one organ; in the other, almost general from the commencement. He considered the poison to be always due to the presence of putrid animal matter, and of course septic, in no way different from the septic poison, when seen in the male, or non-parturient female; that it might be produced at any time, by introducing the products of animal decomposition under the skin of the parturient or non-parturient; and that the only difference is in the peculiar condition of the parturient female. He did not agree with those writers who believed it might be caused by the exposure of the lying-in woman to the peculiar poison of scarlatina, small-pox, typhus fever, erysipelas, &c. The post-mortem appearances differ in no essential form from those found in the bodies of those who have died from pyæmia after surgical operations. If the obstetrician has been attending a case of puerperal septicæmia, or indeed septicæmia occurring in anyone else, he should place himself in a small room or closet, and place some scales of iodine over a spirit-lamp, and allow himself to be surrounded by its fumes.

The President, Dr. Day, Dr. Thomas Ballard, Mr. Sewill, Mr. Bilham, and others took part in the discussion that ensued.

Reviews and Notices of Books.

Pauper Lunatics, and their Treatment. By J. H. STALLARD, M.B. Lond., M.R.C.P., &c. London: Longmans.

IN this pamphlet Dr. Stallard does not discuss the heroic treatment of pauper lunatics by crushing in their breastbones and breaking their ribs; but publishes a paper read by him before the Social Science Association in October last. He sets forth forcibly, as the Commissioners in Lunacy have done, the evils which flow from the present inadequacy of asylum accommodation for insane paupers in the county of Middlesex. For weeks or months cases of acute insanity, needing the appliances of an asylum, are kept in workhouses, because the authorities of the unions can find no asylum to send them to. To their applications for admission there comes from every quarter the answer that there is no room. The Lunacy Commissioners have done their best, according to their lights, to remedy this great and pressing evil; for they have urged most strongly and pertinaciously upon the magistrates the necessity of erecting a new county asylum for 1000 patients. But the magistrates refuse positively to take such a step until they ascertain how far the new metropolitan asylums at Caterham and Leavesden, now soon to be opened, will be available to supply the required accommodation. It seems too likely that these establishments will afford only a little and momentary relief; for they will simply drain the workhouses of their chronic and harmless cases, and leave the need of further provision where it was. Sooner or later—and sooner rather than later—it will be necessary to do something more to provide additional accommodation. The question is—What ought to be done? Are we to go on with the system of enlarging and multiplying asylums?—of answering each new demand with more bricks and mortar? Or are we to try the system of family treatment which has made Gheel famous, and which is in partial use in Scotland?

Dr. Stallard has a strong conviction that we have carried the asylum system unnecessarily far, and believes, as the result of his inquiries, that there is a considerable number of persons confined in lunatic asylums who might be allowed to remain in homes, under proper care, and under such reasonable supervision as the occasional visit of some responsible officer. He quotes the following remarks, made to him by Mr. Marshall, the superintendent of the female department of Colney Hatch Asylum:—

"I could discharge more than a hundred of the females without the slightest hesitation, and at once, if I could ensure for them outside the most reasonable consideration for their condition and infirmity. This, however, is utterly beyond my power, and I will show you case after case, in which the effect of discharging them would not only lead to the speedy recurrence of their malady, but would bring me into very serious disgrace for having so discharged them."

The experience of the Lunacy Commissioners for Scotland, as given in their Annual Reports, proves conclusively that there is a class of harmless lunatics who, though they are confined in asylums in England, are satisfactorily provided for in private families in Scotland. We think, therefore, that Dr. Stallard asks for nothing more than is reasonable and just, when he asks that an inquiry be instituted into the present treatment of pauper lunatics, "with special reference to the possibility of diminishing the number of patients confined in lunatic asylums and workhouses, and the substitution of home treatment under proper supervision and control." But we do not think that such an inquiry will obviate the necessity, or should be allowed to delay the provision, of increased asylum accommodation for the pauper lunatics of Middlesex. The system of family treatment, if adopted, must be gradually and tentatively applied; the need of asylum accommodation is urgent, and probably larger than the fullest use practicable of family treatment would meet. Most of the insane poor of Middlesex come, too, from London, which would plainly be a very unfit place for the trial of home treatment; nor would they be the most fit patients on whom to try it. There can be little doubt that a new county asylum must be built; and it is probable that the best course would be to convert the vastly overgrown asylums of Colney-hatch and Hanwell, which have become entirely unfitted for the proper treatment of acute cases, into asylums for chronic cases, and to erect a new asylum adapted for the reception and treatment of acute cases.

If this were done, and the new asylum were made available to students for clinical instruction, as it should be, the just claims of the insane poor of the country, and the interests of the medical profession, would alike be met. Dr. Stallard very properly insists upon the grievous evil, which it is, that the lunatic asylums of the country are not open to students for clinical observation of insanity. "To open these institutions to medical students would confer an enormous benefit on all parties. The medical superintendents would be stimulated to exertion by the necessity of teaching the pupils, and explaining the nature of the cases and their treatment."

It is time that systematic instruction in insanity should be made a necessary part of medical education, and that the treatment of disorders of the nervous centres of thought should be as much a part of a medical man's work as the treatment of disorders of the nervous centres of sensation and movement.

The Treatment of Lunatics. A Reply to THE LANCET Annotation of Saturday, January 22nd, 1870. By MEDICO-PSYCHOLOGICUS. 8vo, pp. 19. London: Churchill and Sons.

THE pamphlet before us contains one of the many letters sent in reply to our annotation of the 22nd of January; and, as we were wholly unable to find room for a communication that fills fourteen octavo pages, the author has seen fit to publish it in a separate form. We can now, therefore, present its substance to our readers, without being called upon to give them its very words.

We gather from the pamphlet itself that "Medico-Psychologicus" is an asylum superintendent; and we may add from our own knowledge that his somewhat ambitious *nom de plume* veils that of a superintendent of fair repute. He opens his complaint by saying that the members of the class to which he belongs are not only inured to the censure of the non-medical public, but that they have even become indifferent to it; and he does us the high honour to add that censure from us cannot be borne in the same tranquil manner, and that it naturally, or even as a matter of course, arouses him to take up his pen in self-defence. He then proceeds to assume that three deaths from actual or supposed violence, lately reported in the newspapers, form the only foundation for our remarks; and to argue that the proportion of such injuries is far smaller than might be expected, and really too small to be worthy of consideration, or to justify the casting of blame upon anybody. The old proverb—"Qui s'excuse s'accuse"—is the expression of a law of universal application; and so "Medico-Psychologicus," in this part of his contention, says that it seems "scarcely credible that horrible brutalities, such as rib fracture, *kicking*, &c., should be carried on without frequent ex-

posure." We heartily thank him for the mention of the kicking, about which we had said nothing; and will take measures to inquire whether or not it is indeed commonly practised. He continues by a statement so delicious in its *naïveté*, and withal so consoling to survivors, that we are absolutely compelled to find room for it *in extenso*:—

"The truth is that fractured ribs—and an attendant can scarcely travel over the chest of a lunatic on his knees without fracturing his ribs—are invariably found out. In a case of violent excitement, where physical exploration is impracticable, they may remain undiscovered for a few days, but sooner or later, *before or after death, they are diagnosed and recorded.*"

After dwelling upon some of the acknowledged difficulties of maintaining order and discipline in asylums, our pamphleteer goes on to make the following remarkable statement, without appearing to perceive that, in the first place, it goes far to justify our remarks, and that, in the second, it describes a condition of things which should be altered. He says:—

"There are about eighteen hundred persons waiting upon the insane in this country, and there must be many defaulters in so large a regiment. They [query, the defaulters?] are in the proportion of about one to every fourteen lunatics. They are shut up with the insane for thirteen or fourteen hours a day, on an average, and are subjected to every description of trial, taunt, and molestation, sometimes to personal violence. They are drawn from the lower and uneducated classes, and are paid, the men from £20 to £35, and the women from £10 to £20, per annum. An impersonation of all the virtues, and more particularly of gentleness and self-restraint, is not to be procured for such a figure, not even with board, washing, and two suits of clothes."

We must not linger to relate the objections which are then urged against our proposed remedies. These objections are set forth with a grim and pitiless seriousness which is infinitely diverting; and anyone who spends sixpence on the pamphlet will speedily discover that there is at least one side of psychology — namely, that which relates to our perceptions of the ludicrous—to which the author has not yet given adequate attention. His criticism is much like that of the honest tradesman who discovered an inaccuracy in Gulliver's Travels. "He knew Captain Gulliver very well, and was sure that he did not live at Wapping, but at Rotherhithe." In conclusion, the writer pays a tribute, possibly not altogether impartial, to the general excellence of asylums, and invites a visit from a LANCET Commissioner to that one over which he presides. We do not doubt that we should find it swept and garnished.

We have noticed this pamphlet at far more length than it deserves, because it happens to afford incidental evidence of the truth of one of the positions that we have advanced. We have said that asylum superintendents are diverted from their proper work by a hundred matters foreign to it; and, in so saying, we had in view their medical work only. They, however, are not satisfied with being physicians, but must needs aim at being psychologists; and possibly fancy themselves Berkeleys or Lockes when they have learnt the names of the leading faculties of the mind. Throughout our perusal, the pseudonym of the author has never been absent from our thoughts. We have been unable to refrain from the inquiry—Why Psychologicus? Psychology is a science of fine and subtle distinctions; and the first step to any possible knowledge of it is the cultivation of some approach to that absolute correctness in the use of words, and that pellucid style of language, of which the writings (for example) of Dugald Stewart furnish so marvellous an instance. But this Psychologicus writes about consoling himself in a philosophical reserve when he is accused of *all the crimes in the gamut!* and states that *belligerent rights have been conferred upon a method!* His sentences are in the highest degree obscure; and his argument is only pellucid by virtue of the ease with which it may be seen through. To such an author the very definitions of psychology would convey no meaning; and we need not waste more words upon a self-constituted champion of asylums, who is unable to couch his weak and wordy manifesto in intelligible or grammatical English.

OUR LIBRARY TABLE.

Irregularities and Diseases of the Teeth. A Series of Papers from THE LANCET and the *British Journal of Dental Science.* By HENRY SEWILL, M.R.C.S., Dentist to the West London Hospital. 8vo, pp. 66. London: Churchill and Sons. 1870.—The papers here put together by Mr. Sewill, some of which were originally published in THE LANCET, deal with topics of much importance to medical men, and contain, in a concise and practical form, information that is often wanted, and that is not otherwise to be obtained except in systematic works on dentistry. Irregularities of the teeth in children, facial neuralgia, abscess of the jaw, necrosis, and indigestion from defective teeth, are the chief matters treated; and on each of them, more especially upon the first, the principles that should guide practice are very clearly enunciated. The book cannot fail to be useful and welcome.

Handbook for Nurses for the Sick. By ZEPHERINA P. VEITCH, late Head Surgical Sister at King's College Hospital. pp. 56. London: J. Churchill and Sons. 1870. Since Florence Nightingale gave an example of devotion of a true woman's sympathy and energies to the work of nursing, much intelligent interest of the same womanly kind has been called forth. The work before us is a proof of this. Miss Veitch's Handbook, ably conceived and admirably carried out, is intended chiefly for surgical nurses. Minute practical directions respecting the making of the bed, the management of the patient, the preparation for operations, and assistance to the operator,—all these topics are treated in a manner which shows the writer's familiarity with and mastery of her subject. Bad nursing will frustrate the intentions of the best operator: so far as instructions are concerned, this little work will do much to assist the surgeon in this most material point. We cordially recommend it therefore to the notice of the profession, and to all interested in the training of nurses. For nurses themselves the Handbook will require no recommendation, as it contains just the kind of information they will most readily appreciate.

The American Journal of the Medical Sciences. Edited by ISAAC HAYS, M.D., assisted by I. MINIS HAYS, M.D. No. CXVII. New Series, January, 1870. Philadelphia: H. C. Lea. London: Trübner and Co., Paternoster-row.—We have on a previous occasion, in noticing a batch of American publications, called attention to the merits of this one, published quarterly. Besides affording a *précis* of the current medical literature, American and European, and the proceedings of societies, it contains some very able critiques of all the more important recent medical works, a good and well-digested quarterly summary of improvements and discoveries in the medical sciences, and original contributions, some of which are of remarkable interest. It is really an excellent publication, and its production must involve a considerable amount of labour on the part of its editors. Its price is only five dollars per annum, and we commend it to the attention of English readers.

King's College Lectures on Elocution. By CHARLES JOHN PLUMPTRE. 8vo, pp. 200. London: Allman. 1870.—Mr. Plumptre will be known to most of our readers as a very scientific and successful teacher of elocution; and in this

volume he has put forth the substance of the course of lectures that he delivers at King's College, with such alterations and additions as may meet the wants of those who are unable to avail themselves of oral instruction. It is unnecessary to enlarge upon the advantages of obtaining complete command of all the powers of the voice, or to point out how very much a good manner of delivery may promote the success of a medical practitioner. These considerations are obvious; and, if they stood alone, we should hardly have thought the lectures within our province as reviewers. We find, however, that Mr. Plumptre enters at length, and with much ability, into the curative treatment of impediments of speech. We have perused this portion of the treatise with care; and have pleasure in bearing testimony to its great merit. The views advanced rest upon sound physiology; and the practice advocated is in complete accordance with them. Mr. Plumptre states, and our experience enables us to confirm his opinion, that all cases of stuttering or stammering are curable, if only the patient will exercise a certain degree of care and perseverance. It is common for medical practitioners to be consulted about such impediments, and we feel sure that in Mr. Plumptre's lectures they will find not only much valuable practical information, but also a basis of sound principles, upon which the details of treatment may be founded. We recommend the book very warmly to our readers.

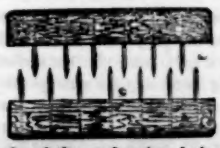
An Etymological Dictionary of the French Language. By EDWARD PICK, Ph.D. London: John Murray. 1869.—It has become so much a practice with public writers to make use of foreign words in order to give greater point or clearness to a sentence than the employment of our own native tongue alone appears to them to admit of, that we are naturally inclined to welcome a book bearing the title of the one under our notice. As an indefinite number of French expressions have, in this way, become as it were naturalised amongst us, a ready means of ascertaining their etymology could not be otherwise than acceptable. Dr. Pick's contribution to the study of language is a very praiseworthy effort, but it would have been more meritorious had he not apparently disregarded the fact that the very essence of a dictionary, and especially of one professing to be etymological, is *completeness*. Brevity may be the soul of wit, but it is by no means the best characteristic of a dictionary. Regarding the typographical features of this work, we cannot refrain from expressing great astonishment that it bears the name of so distinguished a publisher as Mr. Murray. It has been evidently printed in Germany, and it displays many of the objectionable peculiarities of German printing, especially in the matter of spacing-out words with the notion of giving them prominence, the odd manner of using inverted commas as a sign of quotation, and so on. We should be afraid to say how many blunders in spelling we have noted in glancing over the pages, and we can only trust that the book will undergo careful revision in that respect before it is allowed to get into the hands of intending candidates for Civil Service competitive examinations, else Dr. Pick or Mr. Murray may receive disagreeable intimation that they have betrayed many unlucky plucked ones into the bad spelling which wrought their fall. It is, perhaps, not necessary that we should give specimens of the defects complained of, but we may say briefly that the following modes of spelling have for us the charm of novelty, at any rate:—Embonpoit, homoepatist, meak (meek), hypocondriac, unforseen, parmacopoeia, breaches, (breeches), buttler, shoemacker, &c. A German friend of ours has often amused us by his evident inability to understand how a substance which, in its dead form was called "veal," could, when alive, be denominated "a calf"; Dr. Pick seems to labour under a similar difficulty in respect of another of our edible domestic animals, as to which he gives the following definition:—"TRUIE, s.f. sow; Prov. trueia; It. troja; Sp. troya; M.L. troja; porcus trojanus, a Roman dish consisting of *a porc* stuffed with other animals, in allusion to the Trojan horse." We counsel Dr. Pick to authorise Mr. Murray at once to republish this work, in order that there may be a better chance of its merits being appreciated than is at all likely in its present grotesque form.

A NEW METHOD OF APPLYING INTESTINAL SUTURES.

WE are indebted for the account of this proceeding to the inventor, Dr. Béranger-Féraud, of Paris, chief physician to the French navy, and physician to his Highness Prince Napoleon.

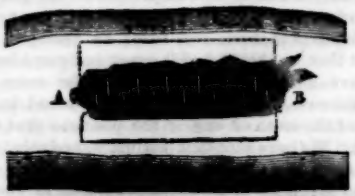
The necessary materials consist of eight or ten ordinary pins nine millimetres in length, two corks, and a piece of sealing-wax. The way in which this simple apparatus is prepared is as follows. Each cork is cut out in the form of a quadrangular prism, of about six millimetres on each side, and of the length of the intestinal wound. Four or five pins are driven into each of these prisms, which they traverse so that the points issue at the opposite surface, whilst the heads are brought down close to the cork. The heads are then embedded in a coating of sealing-wax, and the whole presents the appearance of two little combs. (See Fig. 1.) These combs are then employed in the following

FIG. 1.



manner. The body of the cork prism being in contact with the mucous surface, the points of the pins are made to traverse the intestinal wall from within outwards, at a distance of one or two millimetres from the lip of the wound. When they have all traversed the tissues, the two prisms are turned so that the points of the pins correspond (Fig. 2.);

FIG. 2.



and then, on exerting upon them, through the intestinal wall, a slight pressure between the thumb and the index finger, the pins of the right prism are made to penetrate the left prism, and *vice versâ*. The intestinal wound is thus exactly united, so that no foreign body can appear at the

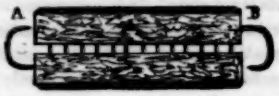
FIG. 3.

peritoneal surface (Fig. 3), and the intestine may then be left at rest in the abdomen.

Fig. 4 represents a schematic section, which shows that the two prisms when united form a small oblong body without any outer roughness, and of a size to allow the free circulation of intestinal matter. A few days after the operation, when the circulation of the intestinal wound is complete, the portion of the tissue traversed by the pins detaches itself, the cork falls into the intestine, and is carried out with the fæcal matter. The cork being dry at the moment when it is introduced into the intestine, it results that the humidity to which it is subjected afterwards causes it to swell around the pins, and thus increases the solidity of union.

FIG. 4.

FIG. 5.



But if any fear is entertained lest the movements of the intestine should bring about the separation of the two pieces of cork, it is easy to introduce into each prism a curved pin of which the head has been previously cut off. (Fig. 5); and when once the intestinal wound has been closed, by pressing slightly between the thumb and index-finger at A and B through the intestinal wound, a union would be obtained which nothing could destroy in the bowel. But this last precaution is believed to be altogether superfluous.

If the intestinal wound is very extensive, two or more of the prisms which have been described may be placed end to end. The present proceeding is especially indicated for oblique and longitudinal wounds, but may also be applied to transverse wounds. In this case the prisms should be shorter, so that it would take six of them to occupy the entire circumference of the tube. They should first be placed in position separately upon each intestinal segment, and their union effected afterwards.

THE LECTURES ON DERMATOLOGY AT THE COLLEGE OF SURGEONS.

LECTURE III.

ON Friday, the 4th, Mr. Wilson delivered his third lecture, and treated of the three diseases, erythema, pemphigus, and dothien (or furunculus). The reader will not fail to notice that dothien is an innovation. The erythematous affections are characterised by a simple pathological redness, superficial, diffused, or circumscribed, apt to change from place to place, to spread, and to be accompanied by a varying degree of pruritus. As contrasted with eczema, erythema had, not a multiple- but a single-lesion hyperæmia; and but rarely such disturbance of the cutaneous surface as to disorder the cuticular formation. It is a pathological hyperæmia. The nerve-control over the vessels is lost; but the cell-elements also are implicated, these imbibing a large portion of exuded fluid, giving rise in some cases to distinct swelling or tumescent erythema. In erythema, the character of the redness, its superficial nature, and the tendency to œdema, are the important features. In the eczematous family the local phenomena are of primary moment; in erythema the hyperæmia is of secondary consequence, the general state giving rise to it most important. The first sign of disordered health in eczema are the local changes, the reverse holding good in reference to erythema. The varieties of erythema are:—1. Fixed forms—viz. (*a*) traumatic, as from pressure, friction, heat, cold, and irritants; (*b*) hæmostatic, as from varicose veins, and in cyanosis; (*c*) idiopathic, as in simple erythema from several causes; (*d*) hæmatolytic, as in the various forms of purpura, which, it will be seen, is classed by Mr. Wilson as an erythema. 2. Migratory forms, as in Erythema fugax, circinatum, gyratum, marginatum, iris. 3. Tumescent forms, in which the subcutaneous cellular tissue is involved in the inflammation, as in Erythema tumescens, papulosum, tuberosum nodosum, ranked by Hebra under the general term E. polymorphicum, or multiforme. A very beautiful model of erythema, from the action of copaiba taken internally for the cure of psoriasis, was exhibited, and the influence of aniline dies in inducing erythematous eruptions was fully referred to. Erysipelas was classed with erythematous affections, and its usual varieties sketched. Urticaria, or the kindosis of the Greeks, was described as an erythema chiefly remarkable for the intense pruritus with which it is accompanied, and the migratory and capricious character of the redness. The irritability of the skin was shown by the production oftentimes of wheals after the least scratching of the skin, and through the spasms of the muscular tissue of the skin, and probably the vessels. The varieties made were acute, chronic, as usual, and tumescent forms, U. tuberosa and subcutanea, which, as it were, cemented the alliance between erythema and urticaria. An account of pemphigus, or phlyctenous affections came next, embracing miliaria, pemphigus, and herpes; and, lastly, furuncular, or, "adopting the language of the Fathers of Medicine," dothienic affections. These latter were made to include ecthyma—the typical pustular disease of the skin, associated with cachexia and other signs of debility; pustula maligna; furunculus; krithe (or hordeolum); and anthrax, of which Delhi, Aleppo, and Scinde boils are regarded as varieties. The core of the furunculus was regarded as a portion of dead tissue—circumscribed gangrene. Mr. Wilson fully acknowledged the neurotic relations of herpes, and stated that, in the phlyctenous affections as a whole there was depressed innervation, and lowered vitality of the skin.

LECTURE IV.

On Monday, the 7th, Mr. Wilson delivered his fourth lecture, and dealt in it with (1) inflammations originating from specific poisons—viz., exanthemata, syphilitic affections, or dermato-syphilis, and elephantous affections, or elephantiasis; (2) inflammations from specific constitutional causes, including lepra vulgaris, strumous affections, or dermato-struma, and carinomatous affections, or epithelioma; and (3) inflammations from traumatic causes, including the results of burns, bites, stings, frost-bite, chilblain, parasites (animal), &c. In speaking of roseola, Mr. Wilson stated that there was one form said to be like measles, which was a variety of the latter of lesser severity than usual. Objection was taken to the term "lepra syphilitica," the squamous syphilide being in no sense a lepra, but a disturbance of the epithelial formation over a syphilodermic deposit, or erythema. Elephantiasis was ascribed, as regards its cause, to the action of a poison of malarial nature, rather than to peculiarity of diet, or the like. It was regarded as being sometimes contagious. Mr. Wilson expressed his belief that lepra vulgaris was, as regards the skin, the homologue of tuberculosis of the lung. This conclusion seemed to follow from the fact that it occurred in the children of those who were phthisical or cancerous very frequently, and that the children of those actually attacked by the disease often became phthisical. The occurrence of the disease, however, in the skin gave a certain immunity from phthisis in the lung. The disease was the consequence of nutritive debility. The relation of erythematous lupus to strumous affections was insisted upon, and the implication of the sebaceous glands in this disease referred to. The characteristic of the strumous affections was the production of a tissue of low vitality, and therefore doomed to destruction. In carcinoma, or epithelioma rather, the first impulse to change originates in the cells of the rete, or the glands. Mr. Wilson did not in the lecture make any distinction between epithelioma and rodent ulcer. The well-known pedicular disease, or phtheiriasis, was recognised as a separate disease from prurigo. Reference was made at the end of the lecture to neurotic affections, especially prurigo, which was stated to be a pruritus *plus* eruption induced by scratching, and not necessarily dependent upon the presence of pediculi, as has been so freely asserted of late.

THE Council of University College at their meeting on Saturday last elected Dr. F. T. Roberts, late of the Liverpool School of Medicine, Assistant-Physician to University College Hospital.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 12, 1870.

THE Medical Council is summoned to meet on the 24th of the present month, upon urgent and important business. We understand that a communication has recently been received from the Lord President of the Privy Council, Earl DE GREY, by the President of the Medical Council, asking to be informed what steps the Medical Council are prepared to advise in reference to an amendment of the Medical Act, more particularly as regards the establishment of a Single Examination, or a Conjoint Examining Board for each division of the kingdom. This movement is the result of the previous conference held last year with Lord DE GREY, in which it was suggested that the Corporations and Universities should be consulted as to how far they considered they were able to co-operate in the formation of such a Board. It is pretty well known that the English Universities, with singular liberality, and the English Corporations, with a keen perception of their own interests, have adopted the principle of a Joint Examining Board; but, on the other hand, we hear that the Scotch and Irish licensing bodies have exhibited the greatest possible reluctance to accept it as the basis of reform.

With regard to England, we believe that the Colleges of Physicians and Surgeons have prepared a scheme for a joint Board, which is likely to be accepted by the Apothecaries' Hall, and in which the interests of the several bodies will not be lost sight of. The Universities—and we have elsewhere referred to the steps taken by that of London—are disposed to ask the exemption of their graduates from all but the final practical examination. This is, however, to make a considerable concession. It is proposed that the fee exacted from University graduates should be half of the full fee, which will probably be £30. The passing of the entire conjoint examination, it is proposed, shall give the candidate the diploma of the Colleges of Physicians and Surgeons; the passing of the final examination by graduates will confer only a licence to practise, and will give no title.

We take it for granted that a new Examination Board will soon be formed; but we need not say that the institution of a Joint Board, formed by a coalition of the Corporations, will not satisfy the demands of the profession and the public. For aught we have heard to the contrary, the Medical Council will be retained on its present unwieldy scale, and the Corporations will retain nearly all their present power over examinations, and their present pecuniary interest in passing the greatest possible number. We shall come back to this subject next week. Meantime, we urge all medical reformers to a consideration of the situation, and the Government to give the profession a Council that will satisfy both the public and the profession.

WE have often, of late, insisted on the importance, in the practice of medicine, of having regard to diathesis as modifying disease, and requiring to be greatly considered in the treatment of it. It is not enough to take any particular attack alone into consideration: we must view it in relation to the history of the patient, of his habitual health, and of his previous ailments and diseases. It is remarkable that scientific treatises on disease nowadays lay their foundations deeply and soundly in more or less elaborate descriptions of those constitutional states out of which particular diseases arise. It is impossible to exaggerate the practical value of this attention to constitutional peculiarities. In the diseases of childhood especially it is all-important, and unfortunate must be the family which has a practitioner who can go on for years treating all its diseases without considering their relation to each other and to the common constitution of them all. We are as yet only on the threshold of knowledge in this direction. But already an ample improvement in practice has resulted, and there is promise of much more. We are enabled by a consideration of diathesis, not only to act much more wisely in the treatment of a given attack of disease—say of an otorrhœa or a bronchitis,—but to fortify the constitution so as to prevent further attacks.

But to-day we wish to treat not so much of diathesis or disease as of degeneration as an object of medical observation and treatment. Degeneration, like diathesis, has come in of late for much attention. It is a visible quality of the tissues, rather than, as diathesis, a more or less subtle quality of the constitution. But it is quite possible that, when we have advanced further in medical knowledge, we shall find a great relation between the diatheses and the degenerations, as we have already learnt that there are relations between certain diseases and diathesis. Diathesis has at present most importance in the diseases of childhood and youth, for it is in these chiefly that it declares itself. Degenerations are important, for the most part, at the other end of life; although temporary forms of degeneration in tissue occur occasionally in the acute diseases in earlier life—as, for example, the granular and waxy degeneration which affects striated muscles in typhoid fevers, and the softened condition of the heart in typhus fever, described by LOUIS, STOKES, &c. Still it is chiefly in the more advanced ages that the bearing of degenerations falls to be considered.

One chief bearing of these is on the question of *prognosis*. We are so curious, nowadays, as to the relation of particular disease to some more general state, either of diathesis or degeneration, that we do not rest till we have found out the more general state which serves, in our mind, as some explanation of the more particular. For example, a patient comes to us with a succession of boils; and we do not rest till we have ascertained whether his urine contains sugar. If we find that it does, we pronounce him diabetic; and, unless we are wise practitioners, take a too gloomy view of the chances of life, and of the good of treatment. Similarly, if a male patient comes to us with frequent morning sickness, and very slight œdema of the eyelids, we proceed at once to look for albumen in his urine, and very likely find it. Having found it, we are apt to be unduly depressed, and grow languid in our hopes of doing good.

What we mean is, that the constant tendency in scientific medicine to connect everything with degeneration in the ailments of adult or advanced life is apt to make us, if not bad physicians, bad practitioners. The older practitioners were not embarrassed with the element of degeneration in the ultimate structure of fine tissues; they did not see in the arcus senilis of their patients a fatty heart, in their boils diabetic urine, and in their gouty toes a degenerate kidney. This larger knowledge should not make us worse practitioners; but, if we are not on our guard, it may do so, and especially in this one particular way. It tends to make us more acquiescent, hopeless practitioners; and it is of the very essence of a good practitioner that he be hopeful, that he live in the sunshine, as JOHNSON said that MEAD did more than any man he ever knew. We have no intention of underrating the importance of degeneration either of bloodvessels, or of glands, or of muscular tissue, or of other parts; or of the occurrence of those exudations which give rise to a sort of acute degeneration of the system—such as tubercle or cancer. On the contrary, they must be more and more taken into account in medical practice. But we wish to guard ourselves and practitioners against too readily concluding that because a patient gives signs of a degeneration he is to be given up. In other words, we wish to encourage our brethren in their opposition to degeneration, as well as in their daily struggle against occasional disease. There are patients who are never quite well, and yet do a wonderful service to the world. POPE, in that exquisite letter to Dr. ARBUTHNOT which constitutes the prologue to his Satires, lets us know how fragile he was, and how much he owed the prolongation of his life to ARBUTHNOT. He seems to have combined two or three diatheses in his small and crooked person. He spoke of his muse as only serving "to help him through that long disease—his life." And yet how much poorer would the world have been without "that long disease" which extended over fifty-seven years. All our readers of any experience will recall patients whom they know to be most faultily constituted, to have weak hearts, or weak kidneys, or weak lungs, or occasional vertigo, or sugar in the urine, or to have cancers, and perhaps to have been regarded by high medical authority as good as dead for years past, and yet who are going about their business and doing their work, to all ordinary appearance, as well as those who have not in their life "a long disease." This is a fact of not uncommon observation, and should make us more hopeful, at any rate less gloomy, in our prognosis, and in our treatment of degenerated states. There are remedies even for degeneration as well as for disease. Rest and change and genial climate, and helpful tonics and convenient food, will prolong many a life that would without these terminate at once. One eminent living physician has recorded how the Italian climate seems to arrest some of the degenerations favoured by our more fickle clime; and the lives of some of our most potential men continue, notwithstanding indications of degeneration which it does not need a microscope to detect.

A LETTER has been addressed to the managers of the Glasgow Royal Infirmary by Dr. J. GIBSON FLEMING, who is himself a member of the board, and also a representative in the General Medical Council, respecting the medical organisation of the Infirmary, in which he urges reforms of a very important character. The first reform is that the physicians and surgeons should be elected annually, being eligible for re-election during the pleasure of the managers. Under the existing laws, the members of the medical staff are elected for a period of four years, and are eligible for four years further; but at the end of eight years' service they are ineligible for one year, and can then only again obtain a footing in the Infirmary by the occurrence of a vacancy—possibly after some years. The absurdity of this arrangement, by which a clinical teacher is discarded at the moment when his experience has become valuable to his pupils and patients, is so obvious that we only wonder at its institution, to say nothing of its continuance. Its inconvenience would have had an excellent illustration last year, we believe, had not Professor LISTER removed to Edinburgh at the very moment when his eight years had expired, for he would have been left without beds in which to carry out the teaching of his professorial chair.

Dr. FLEMING proceeds to show that the system has acted injuriously upon the reputation of Glasgow as a medical school, by rendering the tenure of office uncertain, and affording the staff of the Infirmary little opportunity of making a reputation. He argues that the annual reappointment of a medical officer is the very best means of stimulating exertion, since an incompetent man could be quietly shelved at any time; whilst he holds that this power could never be unfairly used to unseat men of real eminence. Agreeing with this, we would still suggest that a definite limit of age—say sixty,—beyond which an officer becomes ineligible, has great conveniences, both in saving the *amour propre* of elderly and worthy veterans, and in ensuring efficiency in the staff of an hospital.

A second proposition is, that any of the physicians or surgeons should be allowed to give clinical lectures, under proper regulations; and this opens to us the fact, of which we were previously unaware, that at present a rotation plan is adopted, by which certain officers are compelled to lecture, whilst others are equally bound to keep silence. Such an arrangement exists in no English medical school that we know of, for here every physician and surgeon is supposed to take part in the clinical teaching of his hospital; and savours rather of that exclusive system of surgical clinical teaching which has unfortunately prevailed for many years at Edinburgh, and which no amount of talent on the part of past or present incumbents of the clinical chair can justify. It is so evidently to the detriment of the medical school that the experienced teacher should be bound to silence whilst his inexperienced fellow-teacher is holding forth crude ideas for the admiration of his class, that a plain statement of the fact must, we think, produce an alteration.

Dr. FLEMING then goes on to suggest the appointment of an additional physician and surgeon, showing that these would be warranted by the number of beds—a matter open, no doubt, to argument; for some physicians and surgeons would be very well content with thirty, whilst others require at least twice that number of beds. We may remark with satisfaction, *en passant*, that each medical officer receives an *honorarium* of £50 per annum for his services—an

example which we commend to the managers of similar institutions. Lastly, Dr. FLEMING wishes to alter the hour of visit from 8.30 A.M. to 2 P.M. He brings forward many arguments in favour of the alteration, and particularly that in the winter months the visit is perforce made by candle-light. Local circumstances must have so much influence upon the question that we must refrain from expressing any opinion upon it; but we know that at the only London school at which the early *clinique* has been attempted it has proved a failure, and a weariness to the flesh of both doctors and patients.

Taken as a whole, Dr. FLEMING'S letter is an able exposition of the present condition of, and improvements possible in, the Glasgow Infirmary; and we beg to press its earnest consideration upon those to whom it is specially addressed.

ON Friday a deputation from the British Association for the Advancement of Science waited upon the Lord President of the Council, in pursuance of a resolution passed at the Exeter meeting last year, to urge upon him the appointment of a Royal Commission to inquire into the relations of the State to scientific instruction and investigation. Professor STOKES, the president of the Association, introduced the deputation in a speech of some length; and referred to the need for some State assistance to those who are engaged in the prosecution of experimental research as distinguished from the observation of phenomena. With a humour of which he was possibly unconscious, he described the institution at South Kensington as a place where two very different things—science and art—were mixed together, so that it was not easy to find out what share fell to the one or the other. His object was not to express any opinion about the mode in which State aid should be given, nor even to say that it should be given at all, but simply to ask for a complete inquiry into all parts of the question. It is a good illustration of the system of red tape under which we live, that Earl DE GREY said:—

"As to the principles on which Government aid should be given, if at all, that was a question which a Royal Commission could not consider, as that would be relieving Government of its responsibility for the outlay of the public money."

It seems, therefore, that the Government, on a question upon which most of its members must necessarily be ignorant, is precluded from receiving advice from those who are competent to give it; and that, according to the present rule, it would be better to expend thousands upon some principle which a member of the Cabinet had evolved out of his own moral consciousness, than hundreds upon the recommendation of men who are themselves engaged in advancing scientific inquiry. The Lord President promised the deputation, in the usual form, that he would consult his colleagues upon the subject of their application, and so he interview closed.

THERE is a much needed reform in the arrangements of our hospitals to which it is rather surprising that attention is not more frequently called, for the evil which needs remedy is as disastrous to the health of patients as its continuance is a reflection upon medical skill. We allude to the system under which in the medical wards cases of various affections are grouped together in an atmosphere which, whilst it may be suitable to one patient, is destructive to another. Thus we may find lying side by side a case of bronchitis, acute or chronic, and one of fever; or a patient with phthisis, and another with gangrene of the lung; next, perhaps, one of rheumatic fever closely adjacent to a paralytic with offensive bed-sores. At this season of the year, when lung affections constitute so large a portion of the hospital cases, it is pitiable to find bronchitic patients breathing air of a temperature utterly unsuitable to them, but necessitated by reason of the ailments of adjoining cases requiring free ventilation. The student is taught in the lecture-room that warm air is an essential for the treatment of bronchitis, and the private practitioner knows that his first care in such an affection is to keep the sick-room at a somewhat high and even temperature night and day. In the hospital, however, where, if anywhere, the first principles of practice should be illustrated, the unfortunate patient is but too often exposed to cold gushes of air which are constantly undoing all the good which the administration of drugs can afford. This is a matter which, in the present constitution of hospitals, lies so much in the hands of non-medical authorities that the staff cannot be held responsible for it; indeed, we know that it is a constant source of distress to many physicians that they cannot, in the nature of things, do justice to their patients in this particular. We look forward confidently to the time when certain wards, properly warmed in the night time as well as day, will be dedicated to cases in which the condition of the lungs requires this care, and we would urge a combined movement of physicians to bring about as speedily as possible a change in this matter. At present it is stultifying to teach a practice in the class-room which is not carried out in the ward.

Medical Annotations.

"*Ne quid nimis.*"

QUEEN'S COLLEGE, GALWAY.

A DOCUMENT, consisting of an extract from the Minutes of Council, 31st January, 1870, has, we are informed, been publicly posted in the above College. By this it would appear that Mr. Andrew Smith Melville, a scholar of the College, has, in a series of letters in our columns, the authorship of which he has acknowledged, aspersed the character of the authorities of the College, the council, and the medical faculty, by the publication of statements which he well knew to be false. The president and council have consequently deprived him of his scholarship, and excluded him for three years from the College. This is a very severe punishment, but if Mr. Melville has really been guilty of doing all that the council alleges against him, it is not more severe than he deserves. We cannot pretend to give any judgment as to the truth or otherwise of Mr. Melville's statements; but it seems to us that the authorities are more than ever bound to call for a public and impartial investigation of the charges which have been brought against their institution. It will be seen that Mr. Melville still adheres to all that he has said, and pledges

himself to its accuracy. He is in some respects corroborated by another correspondent. These gentlemen write in their own name: they are, we may suppose, distinguished students, seeing that they have won scholarships and collegiate distinctions. We have, moreover, received other communications on the same subject, but as these are anonymous, we have not published them. Queen's College, Galway, is a Government institution. It was founded under the auspices of a Liberal Government, and we presume, therefore, that the present Government is directly concerned about the proper administration of a parliamentary grant. On the one hand, we have a declaration of the existence of very grave abuses by a student of some years' standing, the son of a professor, and the winner of a scholarship, as well as by a gold medalist, scholar, and M.A. of the University; and on the other, we have a general denial by the College authorities, and a course of action on their part the severity of which can only be justified by their being in a position to prove these allegations to have been wilfully false. The matter cannot possibly be dismissed in this summary manner. The authorities of Queen's College are bound to vindicate the course they have taken by demanding an investigation, and it will be the duty of Parliament to see that its gift is properly applied. If the result of that inquiry be satisfactory, as far as the College authorities are concerned, we shall gladly publish it. Without such inquiry, however, Mr. Melville may justly complain of the arbitrary nature of the treatment accorded to him, and the interests and character of the school will manifestly suffer.

THE FARADAY MEMORIAL.

THE subscriptions for the memorial of Faraday have reached £1400; and it is proposed that it shall take the form of a statue, to be placed in the British Museum. We trust, with our contemporary the *Globe*, that the list of subscribers will not close at a sum which is far too small for such a monument as would be commensurate with the transcendent merits of its object. Faraday's splendid discoveries in electricity, by which the resources, not only of the physicist, but of the physician, have been multiplied, were prosecuted during twenty-five years of comparative penury—the Royal Institution, which he kept alive by his lectures, being unable to allow him more than £100 a year. "We were living," said he, "on the parings of our skin." According to Dr. Bence Jones, even the farthings expended in apparatus and research had to be noted! All the less reason, therefore, that a philosopher to whom we were not over-generous when alive should receive an inadequate memorial when dead. We think, moreover, that a better place could be chosen for the statue than the British Museum. For such an honour that institution has no special claim or advantage to produce. The subscribers, who are, for the most part, men of science, can surely devise some more public and commanding site for the sculptured presence of a man whose personal example is an even nobler bequest to posterity than his scientific achievements.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening the first paper read was by Dr. Nunneley, and contained the results of some experiments upon himself with regard to the action of certain reputed diuretics. It was followed by no discussion.

The next paper read was by Mr. Louis Stromeyer Little, and described a case in which he had succeeded in withdrawing from the stomach a gold plate, with artificial teeth attached, that had been swallowed during a fit of epilepsy.

A paper by Dr. Dickinson was then read, containing an account of the post-mortem appearances in the nervous centres of five patients who died of diabetes. In all of them degenerative changes of a peculiar character were found in various portions of the brain and spinal cord. The changes were limited to portions of nervous tissue in the immediate vicinity of arteries, and had proceeded to absolute destruction and removal, leaving holes or lacunæ visible to the naked eye. As nothing of the kind was to be seen around the veins, the author argued that the changes could not be a mere effect of the circulation of diabetic blood, and that they might be lesions adequate to cause the formation of sugar. The debate was prolonged beyond the usual hour, and Dr. Lockhart Clarke contributed to it an interesting and instructive speech. One of the Fellows made some observations which rather left it to be supposed that he looked upon diabetes as a disease of the kidneys; but he did not put forward this view in a way to challenge discussion upon it. The paper was illustrated by some very admirable drawings, and by a collection of microscopic preparations of the changes described. It afforded evidence of great industry and research, and will not fail to give a new direction to inquiry into the causes of the obscure disease to which it referred.

TROPHIC DISTURBANCES IN NEURALGIA.

M. NOTHNAGEL contributes a paper to Griesinger's *Archiv für Psychiatrie* on this subject, in which he gives the details of two cases of sciatica, in which, besides the ordinary symptoms, there were well-marked evidences of vascular contraction or cramp occurring coincidently with the attacks of pain. The condition was favourably influenced by warmth, unfavourably by cold. He then proceeds to discuss the cause of the emaciation of the extremities which so often follows neuralgia when protracted. The ordinary statement that it results from the condition of rest and immobility, into which the leg naturally falls on account of the pain, is no doubt correct in many cases; but it does not explain it in all; for sometimes, notwithstanding the pains are of a violent and persistent character, no atrophy is observed, whilst in others atrophy occurs though the pain is so slight as not to incapacitate the patient from using the limb. Now, M. Nothnagel considers we have no right to assume the presence of any disease of the so-called trophic nerves until the existence of these nerves has been demonstrated. According to his observations, made on 30 patients affected with sciatica, of whom five suffered from atrophy, and four of these were complicated with vascular cramp, he believes he is justified in concluding that in the greater number of cases the atrophy accompanying neuralgia may be referred to coincident affection of the vascular nerves. It is impossible to doubt that, so far as these nerves influence the diameter of the arterial tubes, they must modify the phenomena of nutrition. And, since the trunk of the nerve is probably in most instances the seat of the disease, it is not surprising that its effect—an insufficient supply of blood—should be perceptible, not only in the skin, but in the muscles, which form so large a proportion of the mass of the limb.

That we have here a co-ordination of vaso-motor and sensory phenomena, and that the latter is not a consequence of the former, as in other vaso-motor neuroses, follows from the circumstance that the pains in sciatica pursue definite nerve-paths; that they are extremely violent, which is not at all common in angio-neuroses; and that they are not relieved by exercise, which increases the activity of the circulation. The difficulty of explaining how periodic vascular cramp can occasion atrophy is met by M. Nothnagel, firstly, by the statement that in the early stages of the dis-

case the pains are both violent and continuous; and, secondly, by a reference to the experiment of Stenson, in which it is shown that the effects of arterial compression do not immediately disappear when the pressure is withdrawn. M. Nothnagel remarks, in conclusion, that he observed vascular cramps in no other cases than in those with which atrophy of the limb was associated.

METROPOLITAN ASYLUMS.

THE Poor-law Board have addressed a letter to the Metropolitan Asylums Board, calling attention to the excessive expenditure on the Leavesden and Caterham Asylums, as compared with the original estimates. They observe, for example, that the estimate for well and machinery at Caterham has been increased from £3200 to £6193, and that for farm-buildings from £1500 to £2530; whilst the estimate for the gas-house at Leavesden has increased from £100 to £2900, or nearly 200 per cent.

But, really, is not this pot calling kettle black? The Poor-law Board originally estimated the cost of these buildings at £100,000, and yet they gave their sanction readily to the expenditure of £250,000. It is rather absurd, after that, to make a fuss, and take credit for economical administration for a paltry 5 per cent. Nor need the asylum managers have taken the matter in such high dudgeon. It appears to us they had, on the whole, a very sufficient answer to make, and that they prove that the Poor-law Board was writing without anything like exact knowledge of the facts.

Instead of calling the communication mean, contemptible, ungentlemanly, discourteous, &c., they should have treated the affair with courteous pity, remembering that, although the privilege of finding fault is one of the proper functions of the Poor-law Board, the machinery of that mythical establishment does not enable it to do so with any proper influence. The managers and the public will do well to ponder the significance of this innocent communication, which was powerless alike to check extravagance or influence the operation of the asylum managers for good. Its evident object was to place the Poor-law Board in a more favourable position in the public estimation, and to throw from the shoulders of the Board some part of the obloquy which the building mania will undoubtedly give rise to in the mind of ratepayers.

THE STAFF OF ST. THOMAS'S HOSPITAL.

OUR readers will find, in another column, some special remarks as to the eventualities of St. Thomas's Hospital, as indicated by the arrangements made for the future administration of the establishment in the new building. We have already, in an article that appeared in THE LANCET of December 4th, called attention to the present system of out-patients' relief, and showed plainly enough that the arrangements were eminently unsatisfactory as regards the medical department. "The medical cases are seen by Dr. Clapton, who has no assistance whatever." This simple fact appears, very properly, to be the ground-work of an official communication which has recently been forwarded to the treasurer by the medical staff, the members of which clearly indicate their dissatisfaction at the existing condition of things, and their decided opinion that the number of assistant-physicians should be increased to meet the present requirements of those who apply for out-patient relief. In this indication we most emphatically concur. It cannot for one instant be premised that because a well-endowed hospital is, as it were, in a state of transition, the present duties and responsibilities in connexion therewith should be neglected or held in abeyance. The poor and the sick are always with us, and it is a paltry plaint to urge that those of the present generation may be neglected because brilliancy and efficiency are to mark the future. There can be no doubt that the number of assistant-physicians at St. Thomas's Hospital should be at once increased. The treasurer would do well to yield to the unanimous opinion of the staff on this head, and to commence at once to frame, in consultation with its members, the working arrangements of the future. The same incomplete system still holds sway at St. Bartholomew's Hospital, and we again reiterate the conviction that a resident medical superintendent, who shall act as middleman between the general and medical departments, is a necessary item of success in the administration of both these Royal hospitals.

THE NEW OPHTHALMIC INSTITUTION IN GLASGOW.

IN our impression of the 29th ult., we referred to an institution about to be established in West Regent-street, Glasgow, for the gratuitous treatment of affections of the eye. This institution, designed to replace a provisional one in Bath-street, which, according to the highly respectable authority of the *Glasgow Herald*, had worked so well as to attract the favourable notice of philanthropic citizens like Mr. William Ewing, was expected to be of use to the operatives engaged in the extensive manufactories and iron foundries in the south and north-west of the city. Among its promoters, in addition to Mr. Ewing, were Lord Stair, the Lord Provost, and two of the members for the city; while its staff included—as consulting surgeon—Dr. G. H. B. Macleod, Professor of Surgery in the University. So recommended and equipped, this charity, as instituted to meet an urgent and wide-spread want, received our immediate approbation. But it seems the profession in Glasgow are by no means at one with us in so regarding it. A protest, signed by forty west-end practitioners, and professing to have the sympathy of as many more, has been issued against the institution, on the ground that it is a purely private speculation, designed for the professional furtherance of its medical officer; that the already existing Eye Infirmary, which more than subserves the purpose of its proposed rival, will necessarily suffer if the support of the public be in any degree diverted towards the latter; and that, finally, the General Infirmary shortly to be erected in the western district, in connexion with the new university, will not only render the proposed institution superfluous, but form a much more worthy recipient of the funds for which the latter now appeals. Moreover, the *Glasgow Medical Examiner*, on the text of "O præclarum custodem Ovium (ut aiunt) Lupum!" levels a sharp—if rather personal—leader at the institution and its medical officer, denouncing it as simply a stepping-stone for an enterprising specialist. If such it be, we, of course, having nothing to say in its behalf; believing, as we do, that institutions of the kind are only (if at all) defensible when, over and above the private interests of their projectors, they subserve a really useful purpose in their immediate neighbourhood. Were they to become a recognised means of professional advancement, then the honours of medicine or surgery would go to the practitioner who could keep up the most attractive place of gratuitous resort; and the motto of the young aspirant would be, not "detur *digniori*," but "detur *divitiori*." We should be sorry to think that a nobleman like Lord Stair, such citizens as Mr. William Ewing, the Lord Provost, and the members for the City, and a gentleman of Dr. G. H. B. Macleod's position, would allow their names and influence to be associated with an institution which comes within a class proscribed by pretty nearly the

unanimous opinion of the profession. If the forty west-end practitioners can be shown to have judged harshly of what is really a purely charitable enterprise, or to be inspired with any unworthy animus against its staff, we shall be happy to give publicity to whatever proofs can to that effect be advanced.

THE MEDICAL SOCIETY OF LONDON.

THIS Society is prospering again, if the state of its finances be any test. The Council recently sanctioned a certain outlay for additions to the library; still the treasurer's account just submitted to the Council shows a balance in hand of £165 2s. 9d., instead of a deficit, as was the case not long since. We hear that Mr. Gay is to be nominated as the new president, a very popular selection with the Fellows.

The ninety-seventh anniversary meeting of the Society will be held on the 8th of March. As usual it will be followed by a dinner. The list of Fellows now includes about one hundred practitioners resident in the provinces, many of whom, it is believed, will on the forthcoming occasion join their metropolitan brethren. We have been asked to state that the names of those who may desire to attend will be received by the Registrar, 32A, George-street, Hanover-square.

A NEW KIND OF WINE.

AT the Society of Arts, a week or two since, Dr. Thudichum delivered a lecture on Wines which seems to have been very interesting. Everyone, whether in the medical profession or out of it, should study the facts which he brings forward concerning the "manipulation" of different kinds of wines; some of these facts were already known, but others have been discovered by the careful researches of Drs. Thudichum and Dupré into the respective quantities of the different ingredients which naturally belong to pure wines, and those which are actually found in the wines of commerce. The remarks made by both these gentlemen on the bad effects of the large quantities of sulphate of potash so frequently present in sherry (in consequence of the addition of "plaster," to cure acidity), are of great importance; indeed Dr. Dupré went so far as to say that the depressing influence of this salt might often more than counteract all the stimulant action of the alcohol upon the heart, and might thus actually knock a debilitated patient down rather than pick him up. The curiosity of the evening, however, was the production of a new wine, which has been made from *tea*. It was stated that this wine, while very light and unintoxicating, was a good stomachic, and would probably be very useful, both in ordinary diet and as a medicinal remedy.

COUNTRY PRACTITIONERS.

A HIGHLY RESPECTED country correspondent has called our attention to a paragraph in the new artistic paper, the *Graphic*, which he regards as "a gross libel on the body of country practitioners." After a careful perusal of the offending paragraph in question, we feel bound to agree with our correspondent, who has our fullest sympathy. The writer of the article in the *Graphic* opens with the truism that "Persons engaged in any vocation of an intellectual character should have opportunities of refreshing their minds and acquiring new ideas." After glancing at the cases of schoolmasters and clergymen, the writer goes on:—"Country doctors, we take it, would be far more efficient if they could come to town and walk the hospitals again every three or four years. Medicine is not a science, nor ever will be, unless some one discovers what *life* is; but medicine as an art is of remarkably rapid growth. Every day there seem to be new modes of treatment, new chemical combinations, new instruments of surgery." Now, opinions may differ as to the *efficiency* which would result from a flying visit to the London hospitals (we discard the word "walk" as savouring too much of the Bob Sawyer period), but it is impossible to deny the rapid growth of medicine is such that even those in the centre of professional activity find difficulty in keeping pace with it. Still, we should be sorry to believe, with the writer in the *Graphic*, that "of these things the country practitioner has no knowledge." It is our constant aim to keep the country doctor, the army and navy surgeon, and all those whose duty keeps them more or less isolated from their professional brethren, *au courant* of all that is new and true in the world of medical science. Of course the soil upon which our good seed is thrown varies considerably, according to the previous education and the intellectual capacity of the recipient; but we hope enough is done to falsify the broad statement that "of these things the country practitioner has no knowledge."

The sting of the paragraph is, however, in its tail, which is as follows:—"Hence, if you have the ill-fortune to be taken ill at a distance from London, you had better at once telegraph for your medical adviser. In some parts of England the doctors are so far behind the day that you might almost as safely be taken ill in Italy." Now we believe it would be rather difficult to find in this country doctors of the Sangrado type, so common in Italy, and to whom the writer no doubt refers; and, as regards the preference of London over provincial practitioners, we do not believe in its universality, and hope that our metropolitan *confrères* will not fail to demand full remuneration for country journeys—the best check upon the calls of over-exacting and fastidious patients.

NAVAL MEDICAL HONOURS.

THE vacant appointments of Honorary Physician and Surgeon to the Queen were filled up as follows, at the Admiralty, on the 3rd instant:—

To be Honorary Physician to her Majesty: Dr. Alexander Armstrong, Director-General to the Medical Department of the Navy, vice Dr. Bryson, deceased.

To be Honorary Surgeons to her Majesty: Dr. George Mackay, Deputy Inspector-General of Hospitals and Fleets, vice Armstrong; Dr. Robert Bernard, Deputy Inspector-General of Hospitals and Fleets, vice Dr. Folds, deceased; Dr. James John Louis Donnet, Deputy Inspector-General of Hospitals and Fleets, vice Dr. Stewart, deceased.

Dr. Armstrong's promotion to the Honorary Physicianship is in strict accordance with official precedent, for it has always been the custom for the Director-General to hold one of these offices. The Honorary Surgeoncies are always allotted to Deputy Inspectors, and we believe that the most deserving officers have on this occasion been elected, as the following epitome of their services will show:—

Deputy Inspector-General of Hospitals and Fleets Geo. Mackay, M.D., entered the service in 1835, and has served in all parts of the globe. He was surgeon of the *Bellerophon* and *Agamemnon* throughout the Russian War, served as Deputy Inspector-General of Hong Kong Hospital for nearly five years, and is now serving at Haslar Hospital. Dr. Mackay has been awarded Sir Gilbert Blane's medal.

Deputy Inspector-General of Hospitals and Fleets R. Bernard, M.D., B.A., entered the Navy in 1838, and has also seen much service. He was Deputy Inspector-General of the Hospital Ship at Hong Kong for three years, and is now serving at Plymouth Hospital in the same capacity.

Deputy Inspector-General of Hospitals and Fleets James

John Louis Donnet entered the naval service in 1840, and has served on the Mediterranean, Pacific, and Home stations, and in one of the Arctic expeditions. As an assistant-surgeon he was present at the bombardment of St. Jean d'Acre, and was surgeon of the *President* during the attack on Petropauloski in the Russian War. He was in charge of Lisbon Hospital for several years, and during this period was appointed a member of the Committee of Inquiry into the Treatment of Contagious Diseases. He is at present serving as Deputy Inspector-General of Jamaica Hospital.

THE BROWN TRUST.

THE committee of the Brown Trust, which now amounts to £32,334 13s. Three per Cents., have been desired by the Senate of the University of London to prepare a statement of the present position of the University in relation to the trust, and, by deputation to the President of her Majesty's Privy Council, to solicit the co-operation of the Government in overcoming the difficulties which at present impede the action of the Senate under the provisions of Mr. Brown's will. We trust that some such scheme as that recently rejected by the House of Lords will again find favour, and that the trust will be made available for the promotion of comparative pathology rather than the foundation of relatively useless professorship in oriental languages—Sanskrit and the like—an alternative that looms in the distance.

CARDIFF INFIRMARY.

GLAMORGANSHIRE and Monmouthshire are happy in the possession of an infirmary which seems as well conducted and promoted as any similar institution in the country. Within the last year it has converted a deficit in its funds into a surplus; it has renovated its building to the enhanced well-being of its inmates; and, above all, it has achieved those improvements primarily through the exertions of a committee of working men. By this means no less than £408 1s. was collected; but their week-to-week and house-to-house visitation might have been protracted indefinitely had not the Marquis of Bute come munificently to the rescue, and relieved the infirmary of all pecuniary embarrassment by the donation of £1000. The increased efficiency of the hospital, however, has brought increased obligations, and the Managing Committee contemplate the speedy necessity of additional subscriptions, if its well-earned reputation is to be upheld. A Convalescent Home, which is now recognised as the indispensable adjunct of all suitably appointed infirmaries, is already much needed in that of Cardiff. The meeting, however, at which these various grounds for congratulation and anxiety were advanced, proceeded to consider another question, in which our readers are probably more interested—to wit, the admission of medical men when operations are performed. Dr. Buist, some two years ago, addressed the staff of the infirmary with a view to obtaining a concession of this privilege, and just a twelvemonth ago appealed, at a general meeting of the subscribers, to the same effect. But in vain. In spite of the direct testimony of Messrs. Paget and Syme, two of the greatest surgeons and medical publicists now living, the staff refused to grant the not very exacting request, and Dr. Buist, fortified by additional sympathy and support, again at the late meeting of the subscribers, preferred his petition. He had once more to withdraw it; but his persevering efforts and his unfailing good humour in vindicating the cause of his professional brethren, have subsequently been crowned with success. The staff, it seems, invited the practitioners of Cardiff, in town and district, to an interview on the subject, and the result, we are happy to say, has been most satisfactory. The infirmary will become, what it ought to be, open to the enlightened curiosity of the profession. Days and hours of operations, and of autopsies, will be fixed with the same object; and a Cardiff Medical Society established, or rather resuscitated, as an association of the kind has already existed. "All's well that ends well"; and Dr. Buist may be congratulated on the happy consummation.

SOCIAL SCIENCE ASSOCIATION AND THE CONTAGIOUS DISEASES ACT.

A MEETING was held by some members of the above Association, on the 7th inst. It is, of course, quite right that people should express their opinions on this as on any other subject, but we do not see that any new ground was broken during the debate. It is easy to talk of extirpating prostitution, but we wish some one would tell us how it can be successfully effected, with the protection of society at the same time against those evils which have arisen wherever repressive measures have been put in force. Dr. Drysdale argued that the promoters of the Bill began at the wrong end. Instead of endeavouring to encourage marriage in the army, it was sought to keep soldiers in a state of celibacy. Whether or not the opponents of the Act are prepared to embrace the doctrine of limitation of families, we are not informed; but how are soldiers' wives and families to be decently lodged and provided for in times of peace, and to be sheltered, clothed, and fed in times of war? Where is the money to come from to build the necessary amount of barrack accommodation? and how is an army to be effective for immediate service if nearly all the soldiers are married? If the country is content to bear the cost of providing for these things, by all means encourage army marriages to the utmost; or if we were prepared for a national army raised by a system of conscription, there might be some force in these remarks. But the country is prepared for neither the one nor the other; and the question is, What is to be done until we have reached that stage of civilisation, or until the Ministry is willing to disburse large sums of money? With all that has been done, can it be yet said that the condition of the wives and families of married soldiers is creditable to this country, or conducive to comfort, decency, and good morals?

THE COBRA QUESTION IN INDIA.

THE experiments which have been started in India to ascertain the value of reputed antidotes to the poison of venomous snakes, and with a view to the discovery of new cures for snake bites, still continue. Dr. Shortt informs us that in every district which he visits in the Madras Presidency, during his tours as inspector of vaccination, he affords the residents every opportunity of testing for themselves any reputed specifics that they may possess, so as to thoroughly satisfy themselves as to the inutility of trusting to such things as pieces of wood and stone, roots, and the like—a great point, when gained, of course. As yet, Dr. Shortt has found nothing of any real use in checking the, at present, certain fatal effects of the cobra bite. Believing that, owing to the energy and rapidity with which the venom acts, even if an antidote be discovered, few persons could benefit by it, Dr. Shortt has recently been advocating the provision of a fund, from which to pay so much per head for the destruction of poisonous snakes. As an experiment, he sent fifty rupees to the Commissioner of Police at Madras for that purpose. It was notified by the tom-tom that so much would be paid for small and so much for large snakes, of a venomous kind, brought to the police-office; and from March to October the result was as follows: 117 cobras, and 25 chain vipers—in all 142. The precaution is

taken to have the heads of these reptiles removed before burial, so that no deception can be practised in respect to the number actually killed. We regard Dr. Shortt's suggestion as good, and deserving of support.

SUGAR IN THE URINE IN ICTERUS.

A PROVISIONAL communication appears in the *Centralblatt* (No. 52, 1869), from M. E. Golowin, to the effect that in the case of a bitch, in which he had made a permanent fistulous orifice into the gall-bladder, and which was rendered icteric by ligature of the ductus choledochus, on each occasion of its being fed with milk, sugar appeared in the urine, amounting on one occasion to 5 per cent. The presence of the sugar was demonstrated by the application of Trommer's test, and by circular polarisation to the right with the apparatus of Soleil and Ventzke. On the days the animal was fed with meat or bread no sugar could be demonstrated. Dogs in which a fistula communicating with the gall-bladder had been established, but which had not been rendered icteric, presented no sugar in the urine when fed with milk.

MATRICULATION.

THE amount of "plucking" at the recent Matriculation examination of the University of London was unusually great, though the number of candidates was largely in excess of the average, being, in fact, about 320, and this notwithstanding that the stringency of the examination has been in no way lessened. This marked failing is due principally to the circumstance that those who specially and most carefully prepared their students for matriculation send them up for the Midsummer examination; but it is likewise to be in part accounted for by the increasing neglect which students show towards the examination, both in ascertaining its exact character, and in attempting to "work up" for it in connexion with other employment. It is for this latter reason that we specially refer to the subject. There are many medical students who think that they can prepare for matriculation in their spare hours, whilst attending to hospital practice, or the usual work of the lecture-room. To say the least, this explains frequent "plucks," as amply shown by the University experience; and we think it of moment to urge upon parents and intending medical students the necessity of treating the matriculation at the University, if they go for it, as a serious matter, requiring special preparation and undivided attention. It had better be passed before any really medical work is begun.

THE EXAMINATION FOR THE INDIAN AND NAVAL MEDICAL SERVICES.

WE understand that twenty-three gentlemen are competing at Chelsea for the ten appointments in the Indian Medical Service. A much larger number was expected at one time, but many lost heart on account of the small number of vacancies, and would not face the trial. We think that they were wrong to throw away their chances in this way. An Armenian gentleman, from Calcutta, is among the candidates, but we believe there are no Hindoos this time.

A small number of vacancies in the medical department of the Royal Navy have also to be filled at the same examination, and we congratulate Dr. Armstrong on the desire he shows to make the candidates for his department undergo the same test as the competitors for the sister services.

There was no vacancy in the medical department of the British army, and, from all we can learn, it is unlikely that any candidates will be required for some time to come.

The nineteenth session of the Army Medical School closed on Monday, the 7th instant. Thirty-nine candidates obtained commissions in H.M. Indian Army. There was a keen struggle for the Herbert prize, which was gained by Mr. O. T. Duke, formerly of Guy's Hospital. Mr. Duke had 5518 marks, Dr. Nicholson, the gentleman next on the list, having 5440. Entering Netley they stood thus: Duke, 2570; Nicholson, 2225. It will be seen that the latter gentleman gained greatly on his rival. Six surgeons, and nineteen assistant-surgeons, also went through the course of special instruction in the Army Medical School.

NATIONAL RETURNS OF SICKNESS.

MR. JAMES LEWIS, of the Registrar-General's Department, Somerset-house, has just published a pamphlet containing suggestions for the establishment of a system of national returns of sickness. It is well known that those of deaths have been amply provided for during the last thirty years by the Registrar-General's Department. The misfortune, however, is, that this index, valuable as it is, of the state of public health, only records the fatal results of diseases, of whose advent or marked increase in any particular locality we only become aware when they have already increased the death-rate in the bills of mortality. The desirability of having the means of recognising the earliest intimations of the increasing prevalence of any epidemic malady has long been felt by the medical profession. It will be remembered that not long since a deputation, headed by Dr. Richardson, waited upon the President of the Poor-law Board, urging the advisability of a system of registration of disease.

Mr. Lewis's proposals are entirely confined to cases of sickness occurring within the practice of the Poor-law medical officers, and of the medical officers of charitable institutions. He calculates five million cases of sickness as occurring annually in the public medical practice of England and Wales. It is his conviction that, at the outset at least, the system of returns must be simple, in order that they may be practicable; and that they should state nothing more than that so many new cases of certain diseases have occurred within a certain time. The scope of publication may, if deemed expedient, be subsequently extended so as to include the ages and occupations of the patients, the duration of their ailments, &c. It is suggested that the local returns should be compiled weekly, and forwarded to the central office in London by the Poor-law medical officers. Making all due allowances for delays, he calculates that all the returns, being made up and despatched by the local medical officers on Saturday night, would be received at the central office before Wednesday, and that the general return for each week could be published in London at the close of the week immediately following.

There is some evidence as to the practicability of such a scheme in the fact that, for the last ten years, an essentially similar system has, we believe, been successfully carried out by the Army Medical Department. There can be no doubt as to the value, on professional and national grounds, of the information which might be obtained by some such system as that sketched out. Mr. Lewis has enjoyed such an amount of practical experience in the working of an elaborate machinery for the collation and publication of statistical returns that his suggestions are entitled to attentive consideration. A scheme of this sort is so beset with difficulties that it is far easier to perceive them than to point out how they are to be surmounted. There are, of course, the financial difficulties; but if the returns are

worth having they are worth paying for. It is a matter of national concern, and the Poor-law medical officers must be reimbursed for their trouble in preparing the returns; and this might, as Mr. Lewis suggests, be done out of the rates. But it may be urged that the proportion of the pauper to other population differs so greatly in different places that the amount of sickness in the one would afford no criterion of that existing in the other. To this it may be replied, that preventable diseases show themselves soonest and exist most among the poor, and statistics of sickness amongst them would afford the best index to the prevalence of such disorders; and a comparison as to the prevalence of diseases in different districts, calculated on the strength of the pauper population, could be made at earlier dates than at present, when it has to be arrived at from the ratios of mortality. We do not think that it would require a large staff of clerks at the central board to work out the weekly returns; but we entertain some doubts as to the practicability of regularly collecting them from public institutions, such as dispensaries, the officers of which are mainly honorary. We suspect that any scheme of this kind would have to be at first tentative in its nature.

HEALTH OF MR. BRIGHT, M.P.

To the regret of all parties throughout the kingdom, this distinguished statesman is now suffering from nervous exhaustion incurred by a too unsparing devotion to his many public cares. Complete, if only temporary, disengagement from work can alone ensure the absolute rest of mind which is essential to his recovery. Such a step is all the more imperative as this is the second occasion on which the right honourable gentleman has been visited by collapse of nervous power.

SCURVY.

THE following statistics as to this disease show sufficiently well to what good purpose the Merchant Shipping Act of 1867 has worked in the mercantile marine of this country. According to the records of the *Dreadnought* Hospital Ship, there were received, in

1865	101 cases	from British, and	1	from foreign vessels.
1866	96	,,	5	,,
1867	90	,,	4	,,
1868	64	,,	19	,,
1869	31	,,	9	,,

These statistics, which have been compiled by Mr. Harry Leach, and epitomised by Mr. Kemball Cook, the secretary of the Seamen's Hospital Society, show that the Duke of Richmond's Act has efficiently improved the hygienic condition of our sailors at sea.

NEWPORT ODD FELLOWS' MEDICAL ASSOCIATION.

WE have received a copy of the first annual report of the Newport Odd Fellows' Medical Association—an association which was formed about twelve months ago, in resistance to the demands of the medical officers of the lodges for an increase of remuneration. The association consists of several lodges, comprising 1137 members and 364 families, and its income in round numbers, we are told, is about £330. The association seems quite pleased with itself, and with its medical officer, Mr. Watson. This gentleman cannot take private practice. The report says that he is paying, at the present time, about thirty-five visits a day at the houses of patients. In the course of the year he has paid 3372 visits. The numbers coming to the surgery have never been under 200 a week. The terms are 3s. per head, and 7s. for families (whatever the number). The medicines, including cod-liver oil, are supplied, not by the surgeon, but by the association. But they come virtually out of the pocket of the surgeon. For out of the above sum of over £300 have to come, not only the surgeon's salary, but rent, drugs, and expenses incidental to the establishment and the maintenance of the society. If we reckon that the surgeon gets £250 out of this sum, and is debarred from private practice, we must see that he is not over-paid. £250 a year for paying sixty or seventy visits a week on an average, and receiving 200 patients weekly at one's own house, may be enough for Mr. Watson; but this would only show that Mr. Watson is a man of very moderate wants.

THE DYING PATIENTS IN ST. PANCRAS.

WHATEVER else may be said about the management of the sick in St. Pancras Workhouse Infirmary, there can be no doubt of the propriety of placing screens around the beds occupied by persons at the point of death. For want of doing so a poor woman with heart disease had her death hastened by seeing the agonies suffered by someone dying in a neighbouring bed. We have always understood that screens were provided for this very purpose, and we can have no sympathy with the fears expressed by the nurse, that she might be charged with committing acts of cruelty behind the screen. The responsibility of placing such screens should rest with the medical officer, and no corpse should be removed from the bed without his order. When a patient is dead, there can be no difficulty in summoning that officer, and upon his order no unnecessary delay should take place in removing the body to the dead-house.

THE SICK CLUB QUESTION.

THE movement which originated in Birmingham for the increase of remuneration to the medical officers of sick clubs has made progress, though not quite so rapidly as the merits of the case deserved. Mr. Ross Jordan has just set an excellent example. He was formerly one of the surgeons to the Cannon-street Male Adult Provident Institution, at Birmingham, but resigned when the courteously-expressed request of the surgeons for increased remuneration was summarily dismissed by the executive. At their late annual meeting the members of the Cannon-street Society re-elected Mr. Ross Jordan without his consent, and he has declined the appointment in an admirable letter, which has been published in the Birmingham papers. He maintains that any sum under 5s. per member per annum is too small a remuneration to ensure a conscientious and intelligent discharge of the duties of surgeon to a sick provident society, and since the Cannon-street members refuse to pay that sum, Mr. Jordan declines, in courteous but positive terms, the proof of their confidence bestowed in the unsought election. The thing needed is that members of the profession generally should manifest less eagerness than many still do in running after cheap work, which in the end is dear to all parties. The Birmingham Cannon-street Society numbers many skilled and intelligent workmen, who know full well that, in every trade, those who respect themselves decline to do any other than good work, and require to be adequately paid for it. Why should surgeons be an exception?

"MURDER WILL OUT."

THE guardians of the Lincoln Union are troubled in spirit because knowledge of the fact that fever has prevailed for some time in the workhouse has reached Whitehall and led to a visit of inquiry from Dr. Smith. The guardians want to find out who has been telling tales out of school; for, said one of them, "if he could ascertain who supplied the information he would move a vote of censure." It was,

moreover, intimated that "if it had emanated from any member of this board he had been guilty of very ungentlemanly conduct to the sanitary committee." Whether the cap fitted any particular guardian or not we are careless to inquire, and we shall probably be right in assuming that the threatened censure and ascription of ungentlemanly conduct will not have greatly weighed on the mind of the unknown revealer of the board's secrets. What we really are concerned about is the mental condition of a responsible body of men who can thus affect to believe that what has been stated over and over again in the local press, and has actually been commented on in our own columns, could not possibly have become known to the Poor-law Board without special information conveyed through private channels. It is almost suggestive of the need for a commission *de lunatico inquirendo*. There is no attempt at denial that fever has existed in the workhouse, which is the point of real importance, second in interest only to the removal of the conditions under which such fever has originated and prevailed. A little definite information on this latter head would be of far more value than imputations which are probably wide of the mark, and, certainly, of no moment whatever.

ABORTION-MONGERS AT THE ANTIPODES.

WE are glad to learn that at Sydney the practice of abortion-procuring is put down with as strong, and, perhaps, a more successful hand even than at home. As usual, the rascally operator was a herbalist of some years' standing, in whose house were found five cases of surgical instruments, and "a sort of stretcher or sofa." The manipulations of the prisoner, fortunately, had led to no fatal result, except as regards the child of the young woman who consulted him, and she, therefore, was able to give evidence against him. She proved that, being *enceinte*, she had gone to the prisoner's house and submitted to an operation on several occasions, and the fact of these visits was confirmed by collateral evidence. Premature labour resulted in the birth of a dead child, at eight months, after a difficult labour. The prisoner had the benefit of all the aid a skilful counsel could give him, but the jury found him guilty, and he was sentenced to seven years' imprisonment, with hard labour on the roads or other public works of the colony.

THE HIGHBURY RIOT.

THE Home Secretary has written a letter in which he corrects an error in the date of his former communication, and states that no students of St. Bartholomew's have been dismissed this year, but that two were dismissed in November, 1868, on account of their having been concerned in rioting at Highbury Barn. The Islington Vestry have received letters, complaining of damage, from 200 persons, and they resolved to request Mr. M'Cullagh Torrens to ask for a Parliamentary inquiry into the circumstances of the riot.

THE Secretary of State for War has appointed Deputy Inspector-General of Hospitals J. Burke, to be Medical Officer of the Military Prison at Greenlaw, near Edinburgh, vice Deputy Inspector-General Wood, resigned.

Dr. HERBERT TIBBITS has been elected Medical Superintendent of the National Hospital for the Paralysed and Epileptic, in the place of Mr. J. Netten Radcliffe, appointed one of the Inspectors of Public Health under the Privy Council. Dr. Herbert Tibbits, we understand, will carry on the translation of Duchenne's great work on "Localised Electrisation," begun by Mr. Radcliffe, and of which the first part will appear in a few weeks.

WE were glad to notice among the wranglers of this year in the list recently issued from Cambridge, the name of a son of Mr. Lingen of Hereford, a practitioner whose name is a household word in his own county, and whose honourable bearing is well known to many beyond his own immediate circle.

LORD PORTMAN appears to forget that property has its duties as well as its rights. He is the owner of certain houses in Marylebone which the medical officer of health reports are "in a most awfully horrible condition"; yet Lord Portman will not pull them down, as he has been required to do by the vestry, nor take any steps in the matter. So the vestry must perforce take the law into their own hands.

THE Conservators of the river Lea have given notices to the local authorities of the towns and districts draining into the river, to adopt other modes of disposing of their sewage before next June. A penalty of £50 will be incurred for every day after that period in which the authorities of any place allow sewage to go into the river.

NOTWITHSTANDING the Penryn registrar's endeavour to "do away with the idea" that fever has been unduly prevalent there, Dr. Thorne, the Privy Council inspector, has opened an official investigation of the causes of the late outbreak of that disease in the town, from which we infer that fever in Penryn has been something more than an "airy nothing" without a local habitation and a name.

WE learn with satisfaction that the works for improving the Serpentine will include a provision for keeping the water clean by the admission of fresh water in sufficient quantity to change the whole volume once in every six months. The *Pall Mall Gazette* says that, in fact, the Serpentine will be transformed from a stagnant lake to a living, running stream. In that case, there will be one metropolitan disgrace the less.

VACCINATION has been so neglected at Mile-end that, out of 1715 births, occurring in six months, only 731 vaccination papers had been received. Dr. Seaton has paid an official visit to the guardians of the district, to point out the dangers which a progressive increase of small-pox mortality indicated, and to impress upon them the urgent need for enforcing the Vaccination Act with promptitude and efficiency.

A CASE of death occurred lately in Dublin from the inhalation of chlorine gas. On post-mortem examination, the chlorine was detected in the ventricles of the brain, and less perceptibly in the bronchial tubes. This is, we believe, the first case of death that has ever taken place from this gas.

WE learn from the *Pall-Mall Gazette* that a young woman has died from the effects of chloroform at the hospital at Alloa, the administrator having been Sir James Simpson. The profession would receive with much interest Sir James Simpson's own version of the occurrence.

THE Surrey County Hospital will receive a bequest of £1000 Stock (Three per Cent.), under the will of Mrs. Becker, of Guildford, who has just deceased.

THE 21st Regiment, at Kurrachee, according to the latest accounts, was suffering so severely from malarious fever that the authorities had determined upon embarking the corps for Madras, where it was to be next stationed.

REPORT UPON THE NEW HOSPITAL OF ST. THOMAS, STANGATE.

No one can view the already imposing series of buildings erected at Stangate without feeling that they will form a noble complement to the Houses of Parliament, the Thames, and Westminster-bridge. At present, however, they are not seen to the best advantage; but when the corridors and gardens are complete, and the scaffolding removed, the new hospital will probably rival in beauty of design and costliness of execution every other establishment of a similar kind in Europe.

Now, although we are not Goths enough to desire that the fine site selected for the erection should have been occupied by a Noah's-ark building of the ordinary workhouse type, yet we are forced to reflect that architectural display and elaborate ornamentation add nothing to the usefulness of the building; indeed, they impede, to some extent, the circulation of the air, and tend to form receptacles for dirt. If, however, the corridors and stone ornamentation had been provided from a special and voluntary fund; if the Trustees had themselves contributed any considerable proportion of the extra cost; if the money had been supplied by the State, or even by the metropolis itself, we should have rejoiced in seeing beauty and usefulness so happily combined. But when we consider that the hospital property is the heritage of the poor of London, and that every pound unwisely or unnecessarily expended is so much withdrawn from an estate which, large as it is, is all too small for poverty's demands, we feel bound to protest against such extravagant decorations and unnecessary cost. The bare contract for the building is £365,000, and, in round numbers, £100,000 was given for the site; and by the time contingencies are met, and the buildings completely furnished, the total cost will be close upon £600,000, or at the extravagant rate of nearly £1000 per bed. It is right to add that this amount includes the necessary buildings for the school of medicine, &c., the probable cost of which will be about £20,000. These buildings are at present in a very backward state.

We are willing to allow that at the time the contracts were made the question of erecting hospitals had not assumed the very high importance it has attained since the plans were first conceived. The pavilion principle was without doubt the right one to select; we have no desire to cast any blame whatever upon the architect, who has probably done his best under the advice of one of the most competent medical staffs in London; and yet, seeing that all the requirements for the proper treatment of the sick in pavilion wards have been realised, as at Highgate, for less than one-tenth of the cost of St. Thomas's, and that the interest of the money expended upon the building would have provided a new hospital for 600 patients, on the admirable plan of that at Hampstead, every second year, we cannot but feel that the expenditure has been dictated by the desire to gratify pride in architectural display; and once open to such an imputation, it becomes exceedingly important to subject the hospital to a very rigid criticism, lest in any points efficiency shall have been sacrificed thereto.

As our readers are probably aware, there are six blocks, or pavilions, each consisting of a basement, three stories of wards, and an attic. These blocks are too close together; they are only 125 feet apart, or less than double the height of each building. The ventilating openings towards the river are further curtailed to 75 ft. by the projecting towers in which the ward lavatories are placed; whilst, towards the street, offices and corridors have been built to the height of the second floor, which form a curtain and seriously impede the external ventilation. The pavilions themselves are also unnecessarily high. Many considerations, no doubt, contributed to make it desirable to have three wards in each pavilion; and height, doubtless, is an important feature in an architectural point of view. But appearance, in the case before us, ought to have been made a secondary consideration; and it was a great error to raise the height by putting the kitchens and other offices in the basements, and by adding an attic in the roof. The object should have been to keep the buildings as low as possible, in order to secure an abundance of external light and ventilation, and that the wards might be near the kitchen; but with the existing arrangement, although the pavilions are much too close, the food in one case will have to be carried a longitudinal distance of 550 ft., and to a height of 51 ft., before it reaches the door of the ward. The kitchen is, indeed, most objectionably placed. This office should in all cases be a separate building, provided with a cupola roof for the escape of steam and other emanations; but placed as it is, and without any opening in the ceiling except the chimney, the steam will either escape by the door and staircase, which here leads up directly to the second floor, or by the windows, where it will be drafted directly into the wards above. Nor was the attic less unnecessary. It is arranged as sleeping accommodation for the nurses, and is altogether extravagant and superfluous. These officers would have been far better lodged in a separate barrack, properly fitted for them on the same principles as the accommodation provided for the Nightingale nurses. Each of the six attics is divided into a day-room and two sleeping rooms. The situation of the day-room will be uninteresting, looking out on the roof; and the sleeping rooms are set down for the use of day and night nurses respectively. These rooms are 28 ft. by 40 ft., and 10 ft. high; and they are amply sufficient for the accommodation of 15 nurses each. So that provision has been made for 40 Nightingale nurses, for 180 ordinary nurses, and for not less than 20 sisters; making a total of 240 immediate attendants on 600 beds. It is obvious that these attics have no relation to the requirements of the hospital; indeed, we believe it is in contemplation not to fit them up. But the extravagance does not stop here. Each attic is provided with no less than four waterclosets, two lavatories, and two baths.

Another defect in the general arrangement of the building will, we fear, give rise to considerable disturbance of the discipline. The cooks' private apartments are placed between the kitchen and the patients' promenade; so that it will be easy to establish an irregular and most objectionable restaurant altogether beyond the control of the superintendent.

Lastly, it is a great misfortune that the public were permitted to retain the footpath on the embankment, since not only will it be impossible to prevent irregular communications between patients and their friends, but so close are the balconies to the footway that even conversations may be carried on between the patients and the passers-by.

The principal entrance to the hospital is in a central block. It is protected by a porch; and here, again, the raising of the building has made it necessary to have a flight of steps to the reception-room—an arrangement obviously objectionable in the case of severe accidents &c. The reception-room is also very badly lighted, rendering examination difficult. The accommodation for casualty and out-patients is large, and probably sufficient; but the necessary closets and conveniences are not well placed. They are not directly connected with the waiting-rooms, and the entrances for males and females are close together. The wards are approached from the main corridor, which runs throughout the length of the building on the street front; and they are separated by a block of building, in which there is a staircase, sister's room, ward-kitchen, a small separation-ward, and the hydraulic lifts for food and patients. The sister's room is small in comparison with the rest of the accommodation. There is no bed or bed

recess, nor any window looking on the ward. The ward-kitchen and separation-rooms are all that can be desired, and the staircases are conveniently placed. But the provision of lifts appears to us extravagant. Of these useful and necessary adjuncts to a modern hospital there are no less than thirteen, of which seven will be used for food and six for patients. In addition to the considerable cost for water, it will certainly be necessary to employ a man to work each pair of lifts, in order to prevent the possibility of accident; and although such a man might to some extent be otherwise employed, it is obvious that the expense will be enormous. Two patients' lifts would be ample, and might be managed by one man; whilst the sisters might be permitted to take charge of the food lifts under his direction.

Each long ward is 28 ft. wide and 17 ft. high, and is fitted for twenty-eight beds. The windows are lofty, but divided by a heavy horizontal mullion; they are provided with common sashes. At the river end of the ward is a delightful balcony, which, whilst protected from the direct rays of the sun, will enable the patients to enjoy the air and the cheerful river scene. On either side are two noble-looking turrets. Of these, one is appropriated for a bath-room and lavatory, and the other for a watercloset and scullery. These rooms are 15 ft. square and 17 ft. high, and they are provided with seven splendid windows. The provision is palatial, and altogether beyond the requirements of twenty-eight patients. We would venture to suggest the propriety of putting all these arrangements into one apartment, and of converting the southern turret—which, from its exposure to the sun on every side, is most unfitted for the reception of watercloseets—into what would be a most cheerful library and day-room. The removal of two or three patients daily from the ward will not only tend to their recovery, but also relieve the ward.

But it is not in the hospital only that extravagance prevails. Nearly half of the building facing Westminster-bridge is described as "the Treasurer's House." So far as an examination of the plans and buildings enables us to judge, we have a strong suspicion that the management of this noble hospital is to be entrusted to the same sort of irresponsible officer who already disburses the funds at this as well as other royal hospitals. The treasurer's house is clearly beyond the requirements of an officer deriving his income exclusively from the hospital funds for services really done.

In the basement are the necessary offices for servants. On the ground floor there is a breakfast room and library, and there is a fine third room, which, though unappropriated on the plan, we suspect will be the treasurer's dining-room. On the next floor is a noble suite of drawing-rooms, and above these there will be nine bedrooms. Is the occupant of this mansion to receive a salary which will enable him to live in it,—say £1500 or £2000 a year at the very least? or will he simply be provided with house, fuel, light, &c.? The public have a right to information on these important points. The Charity Commissioners in 1864 distinctly recommended the appointment of a paid resident superintendent; and there is sufficient reason why such an officer should have had a professional education in the fact that he has to superintend, not only the treatment of the sick, but the conduct of a medical school. We do not wish to depreciate the office of treasurer, but there is nothing in his office which cannot be done by a non-resident, as it is at St. George's, University College, King's College, and other hospitals. The internal economy of such a large and expensive establishment demands the constant care of someone on the spot,—someone competent to understand the necessities of medical treatment and of medical teaching,—someone who should be able to appreciate the full importance of maintaining every corner of the hospital in a state of sanitary efficiency. Such duties cannot be left to house- surgeons and physicians, nor to the members of the staff. It is indeed obvious that the efficiency of the hospital will depend upon the capability of the superintendent, and upon his influence with the trustees. Such an officer should have nothing whatever to do with the management of the estates, since he will have enough upon his hands in keeping things right within the hospital and school. The duties of treasurer and superintendent ought to be entirely distinct, and brought in contact only at the Board of Management. We trust, therefore, that if necessary the attention of Parliament will be drawn to this important subject. We see indications of another gross abuse of charitable funds; and we think that, as in this case the recommendations of the Charity Commissioners are likely to be ignored, Parliament may be reasonably appealed to.

There are other points of considerable interest, which, however, will be better discussed when the building is more advanced. We shall recur to them at a future opportunity.

PROFESSOR GUY'S LECTURES ON STATE MEDICINE.

THE second lecture in this course was delivered on Monday evening, the 7th inst., and was devoted to the History of Hygiene, which Professor Guy divided into three periods first, from the earliest times to the middle of the fourteenth century; second, from that date to 1666; and, third, from 1666 to the end of the eighteenth century. Within those three great intervals of time occurred epidemics so marked in their features, and on so extensive a scale, as of themselves to afford materials for a mastery of the principles of State medicine. Taking up each epidemic individually, the lecturer contrasted the effects of disease and health on the mass of the community in its relations with the existing government—effects which were infinite in their forms and tendencies, from the variable character of the elements by which health is conditioned. The causes of death next came under consideration; and, after classifying them, Professor Guy proceeded to the subject of epidemics, the meaning of the term, and the laws which they seemed to observe. Selecting cholera as a typical specimen, he dwelt upon its genesis, its mode of propagation, and the means by which it might be arrested. Next came the question of contagion, as tested by figures—a most interesting and instructive episode of the lecture; after which, the early epidemics were examined in detail, with their invariable progeny, *malesuada fames*. Black Death—the disastrous epidemic of the fourteenth century—furnished Professor Guy with materials for a striking picture of its fearful mortality, its symptoms and its nature, and of the momentous consequences, social, moral, and political, that followed in its wake. With this period the lecturer closed; to be followed on Monday, the 14th, by the third in the course, which will be devoted to the yet more interesting phenomena of mental epidemics, and other distempers of the fifteenth and sixteenth centuries. It is almost unnecessary to add, that Prof. Guy's exposition was characterised by his usual mastery of detail, clearness of arrangement, neatness and force of style—qualities which the increasing interest of his lectures will bring more and more into play, to the entertainment and instruction of an audience which, we hope, like the subject itself,

"Vires acquirit eundo."

THE UNIVERSITY OF LONDON AND THE ONE-FACULTY SYSTEM.

THE Senate of the University of London, in reply to communications received from the General Medical Council and the College of Physicians of London, have expressed their willingness to co-operate in the establishment of a conjoint Examining Board for each division of the kingdom, before which every person who desires a licence to practise should appear, and by which he should be examined on all subjects. They also think that any higher degrees should be taken after the passing of this examination, and should be optional. With regard to the general conclusions in the report of the Medical Council on medical education which treats of the subjects of study deemed requisite by the Medical Council, the order in which they should be taught, and the arrangement of the examinations, the Senate of the University offer, in general terms, the following opinions, based on the results of the University

regulations:—That the course of professional study, following on an adequate examination in general education, should extend over four years; that the regulations as to attendance on lectures and other sources of instruction should be so framed as to admit of considerable freedom of choice to teachers and students; that there should be not less than two examinations in professional knowledge—one in those sciences which form the groundwork of medical study, and another in Practical Medicine and Surgery and Midwifery; and that the examinations in all subjects should be such as to secure the practical character of the whole course of professional study. A committee, consisting of Dr. Burrows, Dr. Gull, Mr. Paget, Dr. Quain, Dr. Sharpey, Dr. Sibson, and Dr. Storrar, have been appointed, on behalf of the Senate, to confer with the Committee of the Medical Council and the universities and medical corporations of the United Kingdom in the matter, and to report to the Senate.

We believe that the Senate feel disposed to make certain concessions in regard to the claims of their medical graduates to exemption from the conjoint examination as a necessary passport to the obtaining of a licence to practise; as they have been anxious to help on the development of the "one-faculty system." It is pretty certain that many who may at any time present themselves for examination for the M.B. or M.D. degrees will have already passed such examination as may be instituted in connexion with the projected joint examining board. Further, it has been suggested that the University of London should undertake the previous or preliminary examination of all those who enter the medical profession; but no steps have as yet been taken in this matter.

Correspondence.

"Audi alteram partem."

THE OBSTETRICAL SOCIETY AND THE AMALGAMATION SCHEME.

To the Editor of THE LANCET.

SIR,—The remarks in your last number on the action taken by the delegates of the Obstetrical Society in the discussion on the amalgamation scheme are given in a tone which renders it more difficult to argue the question simply on its own merits than it would have been had they been less tinged with acrimony. It would scarcely seem the best way to attain the end in view if the various Societies taking part in the attempt are to be driven by hard words or expressions to amalgamate. To lash one because it casts a lingering look on its Transactions, and another because it desires its status and means of vitality better recognised, would appear to be a cement of slight cohesion, less powerful than the link of good feeling and mutual recognition. Why endeavour to prematurely force on a scheme professedly imperfect, and avowedly open to modification? Neither the Obstetrical Society nor the other Societies have objected to a scheme of union; on the contrary, they have passed resolutions that it is desirable to form a Society which shall represent the whole profession. It is, therefore, only to the manner of joining to which objection has been taken. It is scarcely correct to call Societies obstructive because they wish an arrangement somewhat differing from the plan put forth by the Medico-Chirurgical Society. For it must be recollected that what was submitted to them was issued by that Society alone, either for total rejection or discussion. It was not totally rejected by any; its principle was affirmed by all. But the Obstetrical Society raised some objections to the scheme which were sent to the secretaries; so that the delegates could not have been but aware of what the Obstetrical Society wished. But the delegates met purposely for discussion on all the points. If the scheme had been looked upon as final, wherein consisted the advantage of discussion?—and if discussion was to be allowed, wherein were the delegates to be considered to have been obstructive? Surely, if the work is worth doing at all, it ought to be well done, and not a compromise to last a few years only. How, then, can it be well done if a large and important branch is excluded, or, which is worse, admitted upon terms which would not be permanently acceptable? I would ask also, Are the opinions of a large Society to be considered as not worthy of attention? Even if it were admitted that their demands were exaggerated, is it not likely that some basis for them exists? Why was it that the various Societies now in existence were formed *outside* the Medico-Chirurgical Society—the Pathological, Obstetrical, and lately the Clinical? Was not the Medico-Chirurgical Society, which should have held them and the others to be yet formed, then in existence? Was it not because these different branches found themselves practically unattended to in the older Society? And now, if the same result is attained under a different name, what will be the effect? If one section far overrule all the rest, how can permanent stability arise? That such will be the effect of a scheme which joins medicine and surgery in one needs little prescience to recognise.

The Obstetrical Society, then, have asked that the Medico-Chirurgical section may be divided into two sections. This is no novel arrangement. It has always been separated. The British Medical Association has always employed the plan at their annual meetings. How could it be otherwise? In a Society which affects to have sections, but to unite them with a motherly embrace, the existence of each section is a necessarily logical consequence—else they must be fused into one great body, as at the Medico-Chirurgical Society at present. To unite two sections and not the others is to stultify the reasons for amalgamation, and to imitate the formation of a joint-stock company from an old firm, which, however, is to retain the directory as before.

But it is said it would be retrograde to disconnect medicine and surgery. If by making two sections in the new Society each was to know therefore less of the other's province, then any sacrifice would be worth enduring; but then the same should be said of the Obstetrical Society, and still more of a clinical section. If medicine and surgery cannot be separated without loss, what a disadvantage it must be that they should be separated from their clinical application. Transcendental medicine and surgery inseparable! Really it cannot be intended that this is to be a permanent arrangement. Then why not boldly and at once agree upon some time which has some elements of durability in it?

But when we look at the principal branches of practice, we shall find medicine, surgery, and obstetrics; and although each has much in common with the others, yet practically they must be acknowledged to be more or less separated from one another. If it be said that the latter is practised by a smaller number of men, this is admitted at once. If it be also said that there are other specialties equally entitled to a place as a separate section, then they must show that their range extends to an equal amount over the human body, and that their subjects embrace as important questions in regard to State Medicine; in other words, that the community could spare the loss of obstetric knowledge in its widest sense, equally with that (say) of ophthalmic. Without entering into the question of the relative representation in the Council, and the mode of electing presidents for the new Society, which should be made as definite and as free from any dispute as possible, I would also add that nothing could be fraught with worse damage to the usefulness of any section than endeavours to cripple its vitality by division and discord, under the plea of endeavouring to advance the status of the profession by a union brought about by such means. The advantage of a Society to the profession at large depends much upon its activity, and upon its finances. If it be made lethargic by undue absorption into other societies, or its interests divided by the formation of a second Society, it may also be asked, Wherein will our knowledge be advanced? Will a comprehensive Society, formed upon such principles, survive long enough to repay the profession for the loss it has thereby caused? Let, Sir, the question be discussed in all fairness, but not with an appearance of coercion and pressure, where all should be voluntary. That the Obstetrical Society should claim a third place in the practical group of the sections, I would venture to hope is looked upon by some to be neither so very unreasonable nor so very unphilosophical as it is by yourself.—I am, Sir, your obedient servant,

St. Thomas's-street, Jan. 31st, 1870. J. BRAXTON HICKS.

*** We have inserted Dr. Braxton Hicks's lengthy communication, chiefly in order to point out, to him and others, its entire inaccuracy. The delegates of the Obstetrical

Society came to the meetings fettered by certain definite instructions on three points. They required, first, that the Royal Society of Medicine should consist of three sections only—Medicine, Surgery, and Obstetrics; secondly, that the Obstetrical Section should contribute one-third of the Council; and, thirdly, that it should supply every third President. These claims were put forward, not as matters to be discussed, but as rights to be demanded; and on them the delegates professed to have no discretion whatever. The delegates of the other Societies discussed them, and discussed them with considerable amusement; but the Obstetrical delegates, as such, were precluded from joining in the debate. Such a position as this surely justifies our charge of obstructiveness; and claims that simply ignored the existence of three Societies—the Pathological, the Epidemiological, and the Clinical,—which had been called to meet the others on equal terms, seem not only extravagant in their impertinence, but hardly likely to promote that "good feeling and mutual recognition" on the desirableness of which Dr. Braxton Hicks lays stress. It is doubtless kind and gracious on the part of the Obstetrical Society, under the cover of modest phrases about equality, to seek to raise medicine and surgery to its own level; but we are unable to see why a like kindness should not be extended to the other Societies also. To be "*primus inter pares*" might surely satisfy the pretensions of Dr. Braxton Hicks and his friends, even if their peers were increased to be five in number.—ED. L.

THE TREATMENT OF LUNATICS.

To the Editor of THE LANCET.

SIR,—The state of the bones mentioned by Dr. Clouston was constantly observed by Mr. Denne and myself at the Three Counties Asylum, several years ago. The ribs could often be broken by slight pressure with the finger, externally; the bones of the pelvis and other parts of the skeleton were also very friable. These changes were observed to take place in patients who had suffered some time from general paralysis and epilepsy. Mention of such a case was made in the yearly report by Mr. Denne, who has by this time, I have no doubt, collected most valuable information on the subject.—I am, Sir, your obedient servant,

Gayton, Norfolk, Feb. 7th, 1870. PHILIP C. SHEPHEARD.

*** It is greatly to be desired that each observation should be made and recorded with regard to this alleged change in the bones in general paralysis. If it prove to be the case, it will be an additional reason to urge against the exercise of undue violence by attendants. We would suggest that important pathological facts of the kind should be communicated to the profession in the medical journals, instead of being incidentally mentioned in annual reports, which are addressed to lay readers, and are usually of interest only to those who are personally interested in the asylum.

To the Editor of THE LANCET.

SIR,—I was greatly pleased at reading your leading article in last week's number, on the management of lunatic asylums.

When Sir Robert Peel made the change in the management of the Irish asylums, which transferred the treatment of mental disease, so called, from the visiting to the resident medical officer, I presented to him a remonstrance on the subject, signed by many members of the profession, couched in language, and presenting arguments, almost identical with those contained in your leader; and while no one entertains a higher opinion of the attainments of many of the resident officers and respect for their character than I do, I have not yet seen reason to change my mind on the subject. I still maintain that the visiting medical officer ought to be the chief agent in treating the insanity of the patients, and I see no degradation in placing the resident medical officer in the position of his aide and consultant, who would carry out the measures determined on by both.

Of course I think that the men chosen as visiting physicians should be men conversant by special study with psychological medicine.

I am, Sir, your humble servant,

Woodview, Portlaw, Feb. 5, 1870. JAS. MARTIN.

To the Editor of THE LANCET.

SIR,—The observations contained in your article on the treatment of lunatics, which has been extensively republished by the daily press, is calculated to strike the mind of every superintendent of an asylum with dismay. With the sword of Damocles suspended over his head, so that his connexion with his office may be severed at any moment and his prospects ruined, without reason given or power of appeal, he is now threatened with a worse than Jedburgh justice by being marked out for punishment for the alleged offences of others whom the law may not have declared guilty.

Incessantly on duty, by night as well as day, harassed by conflicts with rival officials, there is perhaps no branch of medical service at once so arduous and thankless.

Your remarks have been occasioned by the circumstance of two or three cases of deaths from fractured ribs in asylums. The medical superintendents are undoubtedly as anxious, if not more so, as yourself to prevent these grievous accidents, and it is by their instrumentality that they are usually brought to light.

It must ever be remembered that it is in the nature of such establishments that accidents will inevitably occur, consisting, as their population does, of cases selected for their danger from gaols, workhouses, and elsewhere; yet how few are recorded when tested by number. Take the instance of suicides. In an average English county there may be from three to four hundred lunatics confined in its asylum, and probably there are as many at large of a much less serious character. Of these latter twenty at least destroy themselves annually, while a solitary case in an asylum is rare, even in the course of years. The same argument applies to homicides and violence. The special instances you refer to are undoubtedly exceptional. You demand an infusion of new blood, and would try to raise up a race of young Conollys; but what encouragement did you give to the old and experienced one? The public rewarded him with neither honours nor emoluments, and he abandoned his appointment with a feeling of relief. What the superintendents require is, not an addition of penal clauses to increase their purgatory, but independent rights, by which they will be enabled to control evil-doers without risking their places, and making their voices heard without fear or favour. This can only be accomplished by placing them beyond the caprice of their committees, and granting them a power of appeal to the Lunacy Commissioners in case of alleged incompetency or neglect.

I am, Sir, your obedient servant,

London, January 28th, 1870. TIMEO.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The prominent place given by Professor Miller, in his address at the annual meeting of the Medical Teachers' Association, to the subject of systematic class examinations, the comments thereon in your leading article (Jan. 29th, 1870), and the motion of Mr. T. Holmes in respect of that question, show how important a review of the machinery of medical teaching really is. It is now clear that systematic class examination does not at present, universally and necessarily, form an integral part of a medical student's education.

At the Middlesex Hospital we have had, for upwards of ten years, in every class, systematic periodical examinations. In the year 1861, in my report as Dean of the Medical College to the meeting for distribution of prizes, I took occasion to describe what I believed were the proved advantages of the system; and I may perhaps add that, having myself experienced the benefit of class examination

by written paper, under the hands of Professor Miller himself, whilst I was a student at King's College, I have endeavoured, as a teacher, to individually urge students to a perseverance in their attendance on these class examinations. I feel therefore, in a sense, personally obliged to you for bringing this essential element of teaching further under discussion.

Allow me to ask your insertion of the following paragraph copied from *The Times* newspaper, of Oct. 26th, 1865, extracted from a leading article, if I remember rightly, on the subject of competitive examinations. It is directly applicable to the question of class examination:—"It is easy enough for men to fancy they know a great deal until they are asked to say in black and white what they really do know. Nothing is so deceptive as the process of learning; what a man appears to understand as he goes along, he is apt to fancy he has learnt, and nothing undeceives him but being asked either to express it distinctly, or to put it into practice."

I neither wish to anticipate the discussion of Mr. Holmes's motion, nor to trespass on your valuable time, and therefore simply beg to express the hope that you will not lose sight of this important matter.

I remain, Sir, your obedient servant,

Stratford-place, Cavendish-square, Jan. 29th, 1870. T. W. NUNN.

A GOOD SUGGESTION.

To the Editor of THE LANCET.

SIR,—Might I suggest to you a plan which I think, through your instrumentality, would not only be beneficial to the British Medical Benevolent Fund, but I have little doubt would place the fund in such a position as to be almost independent for the future of its present uncertain income in supporting its most worthy and charitable objects.

The plan is this:—For you, through your widely circulated journal, to ask all medical men who can afford it, to give for two years in succession one guinea each towards the fund.

I think that when ten thousand medical men could be found to sign the Birmingham Memorial, there should be at least that number found to subscribe to the above most excellent charity.

I remain, Sir, yours truly,

Ambleside, Feb. 8, 1870. ROBERT HARRISON.

Obituary.

DR. JOHN BRIGHT.

DR. BRIGHT, whose death is recently recorded, at the advanced age of eighty-seven, was the oldest Fellow of the College of Physicians, being senior, by some years, to Dr. Latham, who stood second in the College list. Dr. Bright, was educated at Wadham College, Oxford. He took his degree as Doctor of Medicine in 1809, and was the same year admitted a Fellow of the Royal College of Physicians. He was a most accomplished classical scholar, and may be said to have represented that old school of physicians whose veneration for Greek and Latin certainly exceeded their estimation of modern pathological research, and who valued an elegant and scholarly prescription before the most searching post-mortem report. Dr. Bright was many years the Chancellor's adviser in Lunacy. He was appointed Physician to the Westminster Hospital, June 26th, 1823, vice Dr. Johnson, and resigned June 26th, 1843. In his manners he was most courteous and polite; an expression of ill-humour never escaped him. There was much of the humourist in his views of modern medical science thirty years ago; yet he respected much those who earnestly devoted themselves to it: his horror was of the pretender to, not of the real possessor of, modern acquirements. It was a kind of censorious mockery of the pretensions of those in whom he found no substitute for those accomplishments of scholastic learning he valued so highly. He was never largely engaged in practice; and after his appointment to the Court of Chancery he limited himself to his official duty. An ample private fortune placed him beyond the anxieties of professional life.

MR. CHUNDER DUTT.

THE members of the Indian Medical Service will hear with regret of the death of Mr. Chunder Dutt, Assistant-surgeon on the Bengal establishment, which took place in University College Hospital, on Tuesday, February 8th. Mr. Dutt, who entered the service three years ago, and passed a most creditable examination at Chelsea and Netley, only arrived from India a week since on sick certificate. On Monday he expressed a strong wish to be admitted into University College Hospital, the arrangements of which institution he had admired when he passed the clinical examination for his service. His request was at once complied with, and he was made as comfortable as possible in a private ward. He died suddenly, a few hours after admission, in a fit of dyspnœa, brought on apparently by pressure from ascites, dependent on liver disease. His death will be learnt with deep regret at Netley, where he was a great favourite with all the staff of the Army Medical School.

ALEXANDER FIDDES, F.R.C.S.

CHRISTMAS-DAY must have been a sad one in Kingston, Jamaica. Probably no resident in that city, or in the island, was so universally esteemed for services at once signal in their utility, and impartial and ungrudging in their bestowal; probably none could have been less easily spared than Alexander Fiddes, Esq., F.R.C.S. Edin., for many years the head of the profession in our chief West Indian dependency. On Friday, the 24th December, 1869, he felt ill, but forbore to consult his professional brethren. Early on the following day he sent for Dr. Dunn, who, in conjunction with Dr. Campbell, saw and prescribed for him; but in vain. He died a few hours after in a convulsive seizure, about noon. The news of his death came with a heavy shock on his fellow-citizens, numbers of whom, particularly among the poor, had literally besieged his house with anxious inquiries since the first tidings of his illness. From the humblest to the highest members of the community his loss is deplored with a poignancy that is rarely felt but in domestic bereavements, and in every household throughout the island regret has been followed by despair as to finding a successor who shall combine, with all that is valuable in the physician, so much that is lovable in the friend and estimable in the man.

Mr. Fiddes pursued his medical studies at Edinburgh, where he took his diploma as Licentiate of the Royal College of Surgeons in 1841. In the following year we find him in Jamaica, and responding to the consentient voice of the inhabitants of its chief town to take charge of the Dispensary just established to repel the ravages of scarlet fever. In this position he worked with an energy and skill which more than justified the confidence thus early reposed in him, and in a few years he rose to be the most widely and respectably employed practitioner in the island. He earned the highest reputation for ingenuity, judgment, and untiring devotion in his practice, which was pursued, without distinction of persons, among the rich, who esteemed him for his intelligence and geniality, and among the poor, who almost worshipped him for his gratuitous attendance, and his charitable—even pecuniary—relief. He performed with success the operation of excision of the tongue, and his treatment of the febrile disorders endemic in the island (though injudiciously blazoned forth by his friends) was more frequently rewarded by favourable results than that of any former practitioner. In 1857 he was made a Fellow of the Royal College of Surgeons of Edinburgh; and late in his career he paid a visit to his native country. He had almost to effect his escape from the island,—to run a blockade of importunities, entreaties, and addresses, against his going, or (if he went) delaying his return. Return he did, leaving the most pleasurable impressions behind him in London and Edinburgh, and again rebuckled to his duties, now greater than ever, in Kingston and the surrounding districts. He was a public-spirited and active citizen, as well as a most accomplished physician

and surgeon; and, it will be remembered, he gave important evidence touching the outbreak of Black Fenianism in Morant Bay. It is in contemplation, we believe, to erect a monument to him on the Parade at Kingston, to signalise to posterity the numerous gifts and virtues of which the present generation so richly reaped the benefit.

MR. RICHARD TAYLOR.

THE town of Whickham, in Durham, has sustained a severe loss by the death of Mr. Richard Taylor, on the 5th of February, from typhus fever. The deceased gentleman was mainly educated at Guy's, but derived his chief professional qualifications from Edinburgh, where, in 1858, he obtained the diploma of the Royal College of Surgeons, and, in 1860, that of the Royal College of Physicians by examination. He was connected with several scientific societies, and was rapidly advancing to success as a practitioner, when death cut him down, at the early age of thirty-seven.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEB. 9TH, 1870.

HOMELESS POOR.

DR. BREWER gave notice that on an early day he would call the attention of the House to the unsatisfactory working of the regulations in force to secure the humane intentions of the Legislature in behalf of the homeless poor, consequent on the practically indiscriminate relief given to the whole class of applicants, criminal or not criminal, impostors or genuine poor; and move that vagrants applying for shelter and food shall be put under the protection, regulation, and management of police.

DETENTION OF DRUNKARDS.

Mr. DALRYMPLE gave notice that on the 4th of March he would move that it is desirable to legislate for the proper management of habitual drunkards.

THE COLLEGE OF SURGEONS.

AT the meeting of the Council of the College of Surgeons, on Thursday last, Mr. Gay's motion to suspend the Minutes of each meeting of Council in the Hall, within *five* days of such meeting, was carried. The report of the Committee on the meetings of Fellows and Members was adopted after a brief discussion; and a proposition brought forward by Mr. Quain and Mr. Hancock, to summon a meeting of Fellows on the day of the annual election to the Council, for the discussion of the merits of the candidates, was referred to the same Committee for consideration. Mr. Solly was appointed Hunterian Orator for 1871, there being no oration this year. Mr. Simon's motion, which we referred to last week, was postponed for want of time to discuss it.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 3rd:—

Hogg, Christopher Haynes Jenner, High Escall, Salop.
Lee, Edward Samuel, Savile-row.
Petch, Richard, Shotley-bridge, Durham.
Robinson, Richard Swanne, Gray's-inn-road.
Stanger, William, Nottingham.
Weston, Thos. Brodribb, Devonshire-place, Wandsworth-road.

The following gentleman also on the same day passed his first professional examination:—

Hickman, Richard, St. Mary's Hospital.

At the preliminary examination in Arts, held at the Hall on Jan. 28th and 29th, 41 candidates presented themselves, of whom 17 were rejected, and the following 24 passed and received certificates of proficiency in General Education:—

FIRST CLASS (in order of merit). — 1. Henry Clarke. 2. William Henry Patmore Sheehy. 3. Charles Edward Beevor.

SECOND CLASS (in alphabetical order.) — Raglan Wykeham Barnes, Chas. William Bass, John Beames, Peyton Bedolfe, Charles Edw. Bell, Fredk. James Brennand, J. A Brett, John Brunt, George Frederick Crooke, Arthur Edward Deck, Adderly Howard, Joseph Hutchinson, Chadd Moore Johnson, Howard Keane, William Vickress Lindsay, Chas. Edwin Matthews, Gerald C. A. Moir, Walter Moore, Alfred Charles Perrin, Alfred Phillips, Thomas William Watkins.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At an examination held on Jan. 25th and 26th the following gentlemen obtained the licence to practise Surgery:—

Brereton, James Barry.
Bournes, Charles.
Cremin, John.
Croly, Richard.
Dick, John.
Dwyer, James Jameson.
Finegan, John Stephen.
Gillespie, William H.
Geoghegan, Henry Moore.
Heath, Henry Thomas.
Kelly, Alfred Hubert.
Laing, Thomas.
Maturin, Humphry.
Montgomery, Alexander.
Queely, Albert Charles.
Rudkin, George Mark.
Widdup, W. Cæsar Sutton.

A MEETING of the Association of Medical Officers of Health will be held at 7.30 P.M. on Saturday, Feb. 19th, at the Scottish Corporation Hall, Crane-court, Fleet-street, when the following communications will be made:—"Observations on Suggestions by Mr. James Lewis for National Sickness Returns," by Dr. E. Ballard. "On Professor von Pettenkofer's Views of the Relation of Subsoil Water to Enteric Fever," by Dr. George Buchanan.

WESTMINSTER HOSPITAL. — C. M'Cann, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident House-Surgeon, vice Robert Hodgens Lloyd, M.R.C.S Eng., L.S.A. Lond., whose period of office has expired.

CHARING-CROSS HOSPITAL. — Charles H. Ralfe, M.R.C.S. Eng., B.A., has been appointed Registrar, vice C. E. Little, M.R.C.S. Eng., resigned.

DENIS CROFTON, ESQ., a member of the Committee of the Adelaide Hospital, Dublin, has generously contributed the sum of £500 towards the funds of that excellent institution.

ANONYMOUS CHARITY.—At Bradford an anonymous donor has presented £6000 for equal division between the Infirmary and the Fever Hospital.

TESTIMONIAL TO MR. JOHN FOX, M.R.C.S., WEYMOUTH.—After forty-four years of assiduous and successful practice in Weymouth and its neighbourhood, Mr. Fox has retired from the profession; a step which has just been made the occasion of a handsome acknowledgement of his services. On Saturday, an influentially constituted meeting assembled in the Royal Hotel, in Weymouth, under the presidency of Charles Hambro, Esq., M.P., who, in appropropriate and eulogistic terms, presented to Mr. Fox a massive silver salver; an elegant drawing-room time-piece; a silver sugar basin; a purse containing 250 sovereigns; and a handsomely bound book, with the names of the subscribers to the testimonial and of the committee. The inscription on the salver bore testimony to the regret with which a number of old friends and patients witnessed Mr. Fox's retirement from the profession; and also to their sense of the unwearied attention and the great skill with which he had pursued his practice for forty-four years, particularly in connexion with the County of Dorset and Weymouth Royal Eye Infirmary. Mr. Fox made an eloqnent and impressive reply; and laid particular stress on the blessing which had followed his services, gratuitously vouchsafed to the poor. Even in a material point of view he had had the reward of a leading metropolitan physician, who "crept over the backs of the poor into the pockets of the rich." Mr. Fox concluded with some interesting personal experiences and a cordial expression of thanks to the meeting, which then separated.

INQUIRY AT BRIDPORT.—The town of Bridport, in Devonshire, has recently had a visit paid to it by Dr. Buchanan, one of the medical inspectors of the Privy Council. It appears that numerous complaints have been made of the manner in which local sanitary affairs are conducted; and as Bridport has before been looked after by the Government, we hope that, should the authorities still prove obstinate, the compulsory powers given to Government in such matters will be speedily put in force.

AT the Cambridge Town Council, held on Thursday week, the salary of Mr. Hammond, surgeon to the Borough Gaol, was increased from £50 to £75 per annum. Mr. Hammond has been surgeon to the gaol for twenty-eight years.

THE SMALL-POX AND VACCINATION HOSPITAL.—At the annual meeting of the governors of this hospital the report of the medical officers (Dr. W. Munk and Mr. F. Marson) stated that during the last year the monthly admissions of patients had been as follows:—In January, 56; February, 28; March, 43; April, 42; May, 48; June, 34; July, 47; August, 28; September, 31; October, 34; November, 51; December, 52. Of the 493 patients thus admitted 460 where suffering from small-pox, and 33 from various forms of eruptive or febrile disease, not small-pox. This latter class comprised chicken-pox, 10; measles, 9; scarlatina, 1; lichen, 3; febricula, 5; syphilis, 2; pustular eruptions of doubtful character, but not small-pox, 3. Of the 460 cases of small-pox, 100 were unvaccinated, and 357 had been vaccinated; one was said to have had small-pox previously, and one to have been vaccinated and also to have had small-pox. There were 53 deaths during the year, giving a general mortality of 10·7 per cent. Of the 101 unvaccinated cases, 28 died, or a mortality of 27·1 per cent.; while of the 357 vaccinated cases, 25 died, or 7 per cent. only, and even from this low mortality a reduction has to be made, 5 out of the 25 deaths in this, the vaccinated class, having been caused, not by small-pox, but by previously existing, coincident, or superadded disease. The causes of death in these 5 cases thus excluded from calculation were, disease of liver and dropsy, 1; whooping-cough and convulsions, 1; gangrene of arm, 1; erysipelas, 1; parturition followed by peritonitis, 1. Deducting these 5 deaths, the mortality in the vaccinated cases has been only 5·6 per cent. 357 persons were vaccinated at the hospital during the year, and 540 charges of vaccine lymph were supplied to 90 medical practitioners. The medical officers conclude their report as follows:—"The events of the past year present no facts calling for special remarks from us. They go to confirm the conclusions to which prior experience had conducted us—conclusions which, in former reports, we have repeatedly submitted to the consideration of the governors of the hospital. Considering, however, the prejudices which exist against vaccination, and the efforts that are now being made to foster them, it seems a duty incumbent on us, the medical officers of the Small-pox Hospital, placed as we are in the position the best adapted of any in this kingdom to test the prophylactic value of vaccination, to state emphatically that our confidence in vaccination is undiminished, and that each succeeding year supplies us with additional proof of its marvellous power in preventing, modifying, and ameliorating small-pox, and this without any proof of those injurious effects, either proximate or remote, about which so much has recently been said."

A TRAMP, who was suffering from small-pox, was recently admitted into the Brentford Workhouse and placed in one of the wards, where there were no less than 135 patients. Two days afterwards the disease had been communicated to two patients, and day after day cases have occurred in different parts of the house. There are now thirteen bad cases, and symptoms of "sickening" have appeared in as many more. The epidemic of relapsing fever is also very prevalent in the house.

THE new Lock Hospital at Chatham is now ready to receive patients. The hospital can accommodate eighty-eight patients.

Medical Appointments.

BENNETT, F. C., M.R.C.S.E., has been appointed House-Surgeon to the Salisbury General Infirmary, vice F. R. Fisher, M.R.C.S.E., resigned.

BOURKE, W., M.D., has been appointed a Physician to the Bradford (Yorkshire) Infirmary and Dispensary, vice W. Macturk, M.D., resigned, and appointed Consulting Physician.

CLARKE, A., L.R.C.P.Ed., has been appointed interim Medical Officer and Public Vaccinator for Kirkpatrick-Durham, Kirkcudbright, vice Wm. James Pasley Kidd, M.D., appointed to the Districts of Glenelg and Knoydart, Inverness-shire.

CLARKE, J. H., L.R.C.P.Ed., has been appointed Government Medical Officer to the Silvah District of St. Elizabeth, Jamaica.

CLARKE, W. F., M.A., F.R.C.S., has been appointed Assistant-Surgeon to the Central London Ophthalmic Hospital, Gray's-inn-road.

COTTERILL, A., M.R.C.S.E., has been elected House-Surgeon to the North Staffordshire Infirmary, Hartshill, vice James M. Taylor, L.R.C.P.L., resigned.

DALY, Dr., has been appointed Assistant Resident House-Surgeon to the North Dispensary, Liverpool, vice J. T. Rodmayne, M.R.C.S.E., resigned.

DAVIES, E., M.D., of Wrexham, has been appointed a Justice of the Peace for the Borough of Wrexham.

DOWNING, E., M.D., has been appointed Public Vaccinator for the District of Deptford, in the Greenwich Union.

EGGAR, W., M.R.C.S.E., has been appointed Medical Officer for the Morland District of the West Ward Union, Westmorland, vice J. M. Fothergill, M.D., resigned.

FAIRBANK, T., M.D., has been elected Visiting Surgeon to the Windsor Royal Dispensary and Infirmary, vice J. Ellison, M.D., resigned.

FENNELL, T., M.R.C.S.E., has been appointed Assistant Resident House-Surgeon at the South Dispensary, Liverpool, vice T. W. Evans, M.R.C.S.E., resigned.

FERNIE, J., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Highworth and Swindon Union, Wilts, vice John Gay, M.R.C.S.E., deceased, and Medical Officer and Public Vaccinator for District No. 4, vice A. L. Griffith, M.D.

HEYCOCK, F. R., M.B., has been appointed House-Surgeon to the Male Lock Hospital, Dean-street, Soho.

LACKERSTEEN, M. H., M.D., has been elected a Member of the Royal Institution of Great Britain.

MACLEAN, J. C., M.B., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Highworth and Swindon Union, Wilts, vice J. Gay, M.R.C.S.E., deceased.

MATHER, G. R., M.D., has been appointed Medical Officer for the City Parish of Glasgow, vice T. Alexander, M.D., deceased.

MORRISON, J. H., M.D., L.R.C.P., has been appointed Attending Medical Officer to the South-western Provident Dispensary, Denbigh-street, Pimlico, vice L. R. Cooke, M.R.C.S.E., resigned.

NICHOLSON, W., M.B., has been appointed Junior House-Surgeon at the Sunderland Infirmary and Dispensary.

PURVIS, J. P., M.R.C.S.E., has been appointed Public Vaccinator for the District of Greenwich, in the Greenwich Union.

REEVES, H. A., M.R.C.S., has been appointed Assistant-Surgeon to the Central London Ophthalmic Hospital, Gray's-inn-road.

SISK, J. O'N., M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Fermoy Dispensary District of the Fermoy Union, Co. Cork, and Medical Attendant to the Fermoy and Careyville Constabulary.

TOMKINS, Dr. A., has been elected Medical Officer to the Howth and Clontarf Dispensary District of the North Dublin Union.

WALKER, T. S., M.R.C.S.E., Assoc. King's Coll., Lond., has been appointed Hon. Surgeon to the Liverpool Eye and Ear Infirmary, vice Dr. R. H. Taylor, appointed Hon. Consulting Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 1st inst., at Martock, Somersetshire, the wife of J. Dixon Adams, M.D., of a son.

BURKE.—On the 8th of Dec., at Manilla, the wife of J. Burke, L.R.C.S.I., of a son.

CRERAR.—On the 8th inst., at Maryport, the wife of Dr. Crerar, of a son.

KING.—On the 7th inst., at Stratford-place, Oxford-street, the wife of E. H. Green King, M.R.C.S.E., of a daughter.

LONG.—On the 6th inst., at Worthing, the wife of C. P. Long, M.D., of South-park, Salehurst, Sussex, of a son.

STEPHENSON.—On the 5th inst., at Buccleuch-place, Edinburgh, the wife of W. Stephenson, M.D., of a daughter.

SWEETNAM.—On the 5th inst., at Greenock, the wife of S. Sweetnam, L.R.C.S.I., Assistant-Surgeon H.M.'s Ship "Flirt," of a son.

WILSON.—On the 6th inst., at Gateshead, the wife of Dr. Wilson, of twin daughters.

MARRIAGES.

BREAREY—SHORTT.—On the 27th of Dec., 1869, at St. George's Cathedral, Madras, John Edmund Brearey, Esq., to Cecelia, eldest daughter of John Shortt, M.D., M.R.C.P.L., F.L.S., &c., Surgeon Indian Army, and Superintendent-General of Vaccination, Madras Presidency.

COLLYNS—BRAGG.—On the 3rd inst., at Moretonhampstead, John Barrett Collyns, M.R.C.S.E., of Dulverton, to Bessie, daughter of the late Geo. Bragg, Esq.

PRYCE—CLARKE.—On the 26th ult., at Welshpool, Richard Matthews Pryce, M.R.C.S.E., of Newtown, to Elizabeth Mary, daughter of W. Y. Clarke, Esq.

DEATHS.

ARNOLD.—On the 26th ult., Chas. Arnold, M.R.C.S.E., of St. Peter's-hill, Grantham, aged 57.

BLEARBY.—On the 2nd inst., R. W. Blearby, M.D., of The Friars, Bamborough, Northumberland, aged 43.

GROWSE.—On the 2nd inst., Robert Growse, M.D., of Brentwood, Essex, aged 45.

HURLSTONE.—On the 21st of Dec., on board the "Laplace," on the passage from Brazil, A. P. Hurlstone, M.B., formerly of Douglas, Isle of Man, aged 23.

O'DONNELL.—On the 6th inst., at Albert-terrace, London-road, Southwark, Henry James O'Donnell, F.R.C.S., aged 57. Deeply lamented by all who knew him.

BOOKS ETC. RECEIVED.

Mr. Hunt on Stammering and Stuttering.
Dr. Gordon on Army Surgeons and their Works.
Dr. Read on Lawyers and Doctors.
Mr. Beaney on Syphilis popularly considered.
Handbook for Nurses for the Sick.
Dr. Jones on Functional Nervous Disorders.
Transactions of the Pathological Society of London. Vol. XX.
Dr. Norton on Infantile Diseases.
Archives Générales de Médecine.
&c. &c. &c.

Medical Diary of the Week.

Monday, Feb. 14.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. R. Hancock, "On a Case of Removal of a Bony Tumour, with the Lower Half of Radius and a portion of the Ulna." — Mr. J. R. Wells, "On a Case of attempted Suicide by Chloroform."—Mr. Weeden Cooke, "On Lupus."

Tuesday, Feb. 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Humphry: "On the Architecture of the Human Body."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Barclay: Tumour of Spinal Cord. Mr. Maunder (for Mr. Porter, of Lindfield): A Larynx after Croup. Mr. Carr Jackson: Diseased Knee-joint. Mr. Nunn: Abscess between Vesiculæ Seminales and Obstructed Intestine. Dr. M. Mackenzie: Disease of Cricoid Cartilage. Mr. H. Marsh: Communication of Aorta with Psoas Abscess. Mr. Heath (for Mr. Symonds, of Oxford): Medullary Cancer of Bladder. Mr. De Morgan: Secondary Deposit in Lung of Fibro-plastic Tumour. Dr. Payne: Portal Phlebitis and Coagulum in Pulmonary Artery;—&c.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Barnard Davis and Mr. A. Welch, "On the Aborigines of the Chatham Islands." — Dr. John Campbell, "On Polygamy." — Mr. R. Tate: "Inscribed Stone from Venezuela."

Wednesday, Feb. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Feb. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Day, "On Infantile Pneumonia."—Clinical Discussion on Croup.

Friday, Feb. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Kingdon Clifford: "On the Theories of the Physical Forces."

Saturday, Feb. 19.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Max Müller, "On the Science of Religion."

Notes, Short Comments, and Answers to Correspondents.

THE LONDON WATER-SUPPLY.

THE Metropolitan Board of Works have devoted several of their sittings to a consideration of the recommendations made by the Royal Commission on water-supply, and especially upon the point that the powers now possessed by the London Water Companies should be transferred to the Board. After much discussion it has been resolved that the Chairman of the Board shall have an interview with the Home Secretary to ascertain whether the Government intends to give effect by legislation to the suggestions in the Report of the Commission, and to express the Board's general approval of the Report. We hope that Mr. Bruce will give us first a good municipal government for London before he makes any attempt to alter the existing arrangements of our water-supply. It may happen that the body to be ultimately entrusted with that and a few other matters of metropolitan importance will be constituted somewhat differently from the Spring-gardens conclave.

X. Y. Z.—Human physiology does not come within the list of subjects, for reasons doubtless sufficient in the eyes of the examiners.

Dr. Julius Pollock's communication shall receive early insertion.

INDUSTRIAL DWELLINGS COMPANY.

THE experiments which have been made with a view to solve the difficulty of providing for artisans and labourers house accommodation, free from the bad sanitary condition ordinarily characteristic of tenement dwellings in crowded cities, possess a special interest for all who occupy their minds with the grave social problems of our time. Undertakings of this nature in which commercial success is not a necessary element must be regarded as obnoxious to the charge of fostering a spirit of dependence, and therefore as unsuited to the requirements of the case; while, on the other hand, it was to be doubted, in the absence of data, whether an effort to make philanthropy profitable would have reasonable hope of success. Happily there is no longer any doubt upon the point. It has been proved to demonstration that the provision of healthy dwellings for the wage classes is a remunerative investment for capital. As a rule, it is found that five per cent. per annum is the dividend which shareholders in these Industrial Dwellings Companies obtain, and, considering the safety of the investment, that return is fairly remunerative. The report of the Improved Industrial Dwellings Company for the half-year ending 31st December last shows that, after paying all charges, and crediting the proper amounts to the repairs and leasehold redemption funds, there is a net profit of £3006, which, being added to £1623 brought forward from the previous half year, gives £3229 for division among the shareholders. The dividend thus accruing would yield six per cent., and leave a balance of £1600; but prudence rules in the management, and a dividend of five per cent. only has been declared, leaving a balance to be carried forward of £2286. The prospects of the Company appear to be flourishing at all points, save in the matter of some deficiency of occupation at Greenwich and Wapping, on account of causes sufficiently patent. There are now altogether 917 of the Company's tenements either completed or in course of erection; and it is worthy of mention that, with the exception of one block, each tenement has a separate scullery, copper, water-supply, and other conveniences, the cost of which is about equal to that of a room. The Company is doing a good work, which pays well, and we hope it will go on and prosper.

Mr. W. L. Winterbotham (Bridgwater) should make known his want to the Publisher of the *Pall Mall Gazette*, and he will, doubtless, receive by return of post the number containing the article required.

Dr. John Harley's paper on the "Use of Hemlock in certain Surgical Affections" will probably have a place in next week's LANCET.

THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

To the Editor of THE LANCET.

SIR,—Permit me to remark, in reply to your article in THE LANCET of this day,—

1. That the Rev. S. Earnshaw, two other members of the Weekly Board, and myself, were yesterday served with writs at the suit of Mr. John Taylor.

2. That on this question there is no difference of opinion between the Weekly Board, my colleagues (the physicians and surgeons of the institution), and myself.

3. That the Weekly Board is advised by counsel, that when the case comes before a court of law it will be able fully to justify the course that has been taken.

4. I assure you that the appointment or non-appointment of Mr. John Taylor did not depend upon what happened in the case of the late Mary Ann Wragg.

5. I suggest that, in accordance with recent decisions, it is better that comments by either party should not appear in any journal until the trial is over.

6. With regard to your comment as to "the somewhat incongruous posts which I occupy of senior physician and honorary secretary to the institution," allow me to say that I am proud of them. I found the institution a dispensary only. It has now for many years been an hospital with sixty-one beds, and it will shortly be re-opened with more than one hundred beds. Last year, thirty-five thousand five hundred and nineteen cases of disease or accident were attended by my colleagues and myself; and, so long as I have health and strength, I hope it will be my high privilege to occupy the posts of senior physician and honorary secretary.

I am, Sir, your obedient servant,

Sheffield, Feb. 5th, 1870. JOHN CHARLES HALL.

INQUEST AT NEWTOWNARDS, COUNTY DOWN.

WE have no defence to offer of Dr. Jamieson's conduct in not going immediately to the poor woman choking with a piece of beef. We hope he may have some, and if so, it is to be regretted it was not stated at the inquest. Medical men are so often summoned urgently in frivolous cases, that they are apt to be unduly impressed with the claims of a really urgent case. But this is a poor defence in such a case as that under consideration.

Subscriber will, doubtless, get an immediate and satisfactory reply to his query by propounding it to the *Chemical News*.

An Unfortunate.—Avoid advertisers.

Mr. John Gorham, (Tunbridge.)—Pressure on our columns has hitherto prevented the appearance of the review. It shall, if possible, be inserted next week.

MEDICAL SICK CLUB.

To the Editor of THE LANCET.

SIR,—I have to thank the very numerous correspondents who have signified their approval of this project, and have great pleasure in stating that a carefully matured scheme will shortly be laid before the profession. The whole subject has received the most thorough investigation possible, and I believe that the plan now matured will meet with the approval of all classes; for it has been decided not to restrict its benefits to the medical profession.

I am, Sir, yours, &c.,

R.U.S. Inst., Feb. 3rd, 1870. TRIBUTE.

DRESS AT THEATRES.

A CORRESPONDENT in the *Morning Post*, *apropos* of our late annotation on "The Nemesis of Fashion," pleads in favour of the admission of bonnets to theatres and concert-rooms, as well as to readings, lectures, and so forth; as at present the wearers of bonnets must content themselves at the former places by occupying an inferior class of seats, which implies that the occupiers are of a second-rate status. It is urged, on æsthetic grounds, that the bonnet is as ornamental in these days as any other style of dress, and for the sake of the *coup d'œil*—the appearance of the stalls—the bonnets might be on one side, and evening dress on the other. A lady who prefers to walk, or to whom the trouble of putting on evening dress is a great inconvenience, has no choice left but that of taking her place in the back seats. This question is rather social than medical; for the present style of bonnets is of so tiny a character that it is difficult to see them when on, and it would therefore be impossible to discover the danger of discarding them. The practice, however, pursued by the majority of ladies, who, after wearing high and thick dresses in the house during the earlier part of the day, put on sealskin jackets and fur accessories for walking and driving—the drive probably taken at this season in a closed carriage,—and change all this wrapping for a low-bodied dress in the evening at places of entertainment, must, in a sanitary point of view, be frequently productive of dangerous consequences.

Exchange, (Post-office, Cheltenham.)—It is difficult to determine whether our correspondent is a "Freetrader" or a "Reciprocitarian." He had better announce his proposal to the profession in the form of an advertisement.

Mr. A. C. Air's communication shall be inserted in an early number.

THE MEDICAL SCHOOL OF QUEEN'S COLLEGE, GALWAY.

To the Editor of THE LANCET.

SIR,—In several numbers of THE LANCET a remarkable series of letters has appeared of late from Mr. Andrew Smith Melville, Scholar of Queen's College, Galway, complaining of certain grave abuses declared to exist in the medical school of that College. These letters were written, Mr. Melville explains, after his having vainly solicited an investigation at the hands of the University authorities into the state of affairs which form the subject of the complaint. The necessary investigation is still refused by the University authorities. Under these circumstances I beg to lay before your readers some statistics calculated to throw a desirable light upon matters so important to medical men and to the public at large as the condition of medical education under the *régime* of the Queen's University in Ireland.

Mr. Melville has brought in particular two especial charges against the Galway medical school. 1. In the department of Practice of Surgery, the Professor, Dr. Browne, claims the right of excluding, at his pleasure, medical students from instruction in his hospital, the County Infirmary, and has actually exercised that claim against Mr. Melville. 2. In other departments, and especially in the department of the Professor of Midwifery, Dr. Doherty, there is little or no opportunity for clinical instruction of any kind. In consequence of these irregularities and shortcomings, Mr. Melville states he has been obliged to seek the University of Edinburgh. Upon these two points I am enabled to quote the testimony of the two Professors in question, given in the course of their sworn examination before the Queen's Colleges Commission in 1858. I am preparing a work upon Mixed Education in Ireland, its Past History and Present Condition. As part of my preparation, I made myself acquainted with the Report of the above Commission. I can, therefore, vouch for the literal exactness of the statements I am about to quote. To commence with the first point:—

"James V. Browne, M.D., F.R.C.S.I., Professor of the Practice of Surgery in Queen's College, Galway, sworn and examined.

"Chairman of the Commission.—What other situation do you hold besides your Professorship in this College?

"Professor Browne.—I am Surgeon to the Galway Union Workhouse Hospital.

"Chairman of the Commission.—Have you any suggestion to offer as to how the medical instruction should be carried on in case the connexion between this College and the Workhouse Hospital through you, as Professor, should cease?

"Professor Browne.—It would be highly important that whoever succeeded me in that office should afford the same facilities to the College that I have been able to do, through the kindness of the Board of Guardians, who have given me permission to make use of the hospital as a means of teaching the students."

It is unnecessary to observe the importance of this last interrogatory and answer, as showing that as far back as 1858 it was taken for granted on all hands that a Professor, also a surgeon to an hospital, was "to make use of" such hospital, so far as lay in his power, "as a means of teaching the students." The next answer of this witness is stronger confirmation still:—

"Chairman of the Commission.—Are you of opinion that this permission should be permanently secured by an Act of Parliament?

"Professor Browne.—Undoubtedly. ..... The only suggestion I have to make is with respect to the County Infirmary. If it should so happen that the present surgeon was removed in any way, a very serious difficulty might be thrown in our way. Therefore nothing could be more important to our school than that, if any change took place in the law, an arrangement should be made by which the County Infirmary would be secured to the College!"

When Professor Browne became surgeon to the County Infirmary, it was surely to be reckoned on that he, at least, would claim no right of refusing "to make use of the hospital as a means of teaching the students." Mr. Melville's narrative shows in this matter a slight divergence between preaching and practice on the part of Professor Browne.

With regard to the second point, the alleged deficiency of the means of clinical instruction in the Midwifery department, it is clear that Mr. Melville is only quite in accordance with Professor Doherty.

"Richard Doherty, M.D., Professor of Midwifery in Queen's College, Galway, sworn and examined.

"Commissioner.—How are the students at present instructed in Midwifery?

"Professor Doherty.—The only way is by my lectures. I have no means of giving practical instruction. Occasionally a case occurs in the infirmary, and now and then in the Union hospital; but, as a general rule, I have no means of giving practical instruction!

"Commissioner.—Then the students must go elsewhere to get this instruction?

"Professor Doherty.—They must."

The very thing Mr. Melville says. Professor Doherty also shows that he had himself done his utmost, but to no avail, to procure the necessary means of clinical instruction.

I make no comment upon the state of things revealed in these depositions. Certainly, as THE LANCET remarked, the German's feat of evolving the camel out of the depths of his moral consciousness would seem, if anything, to be transcended by the process which can have evolved the medical school of Queen's College, Galway. Mr. Melville has placed the public under no slight obligation by his courageous statement. And so think the independent students of the Queen's University.

I remain, Sir, yours, &c.,

February, 1870. A QUEEN'S COLLEGIAN.

P.S.—The most astonishing news has reached me. The Council of Queen's College, Galway, have rusticated Mr. Melville for the space of three years, and confiscated his scholarship! And why? Because, having vainly sought redress *inside* the University, he was compelled to seek it *outside*! I will send a copy of the rusticating resolutions by next post. They have just been published in the *Galway Vindicator*. The express grounds for this stretch of authority are stated in the resolutions to be the publications in THE LANCET! As if Mr. Melville has said a word almost which the Queen's College Professors have not said already before a Parliamentary Commission. It only remains to add that this Council, this tribunal that has refused redress, and now takes the law into its own hands to punish complaint, is made up of six Professors, including Professor Browne. As a matter of course, this piece of terrorism is meant to intimidate students from letting out the discreditable secrets of the institution. My answer will be, in the book Messrs. Longmans and Co. are publishing for me, to disclose a University farce the most egregious any time or country has known. I now sign myself in full,

F. H. O'DONNELL, M.A.,
University Gold Medalist, ex-Senior Scholar in Metaphysical and Economic Science, ex-Senior Scholar in Modern History and Languages, ex-Senior Scholar in Jurisprudence and Law.

To the Editor of THE LANCET.

SIR,—In your issue of the 22nd ult., you published a letter from me in answer to one from the President of Queen's College, Galway, in which he had endeavoured to disprove certain charges that I had made against the authorities and Professors of that institution. I think that I succeeded in vindicating myself from Mr. Berwick's charges, and in disposing of his defence of his colleagues. Matters appeared to have stopped here; no investigation had been made, and the College authorities seemed to have again eluded inquiry. Not so, however; for I have received a resolution of Council, of which I forward you a copy, in which they determine to deprive me of a Government scholarship of £25, obtained by competition in Medicine in October, 1869, and they also determine to exclude me from their College for three years, and to send notification of the same to the Edinburgh University. Not content with depriving me of a hard-won scholarship, and rusticating me from their College, the Council have endeavoured to do me further injury in the following way.

I matriculated as a student in Arts in 1864 in their College, and, as the same examination suffices for matriculation in Medicine, I had not to matriculate afresh when I entered on the study of medicine in 1868. It is not the custom in Galway to give a matriculation certificate, except it is wanted for some particular purpose; why I cannot say, as matriculation certificates are always, I understand, given in Belfast. However, when I wanted to come to this University, I wrote for my matriculation certificate, stating the purpose for which I wanted it. I got an answer, asking whether I was the author of the letter in THE LANCET of December 18th, and stating that, pending an inquiry into the authenticity of the letter, and of the contained statements, no certificates would be given to me. I wrote to say that I was the author of the letter referred to, and I again demanded my certificates as my private property, for which I had paid, and to which the Council had no claim. This letter met with no reply. It is almost needless to say that no *bonâ-fide* inquiry whatever has been made, and that I have not yet got the certificates. This certificate was necessary to enable me to avoid again passing a preliminary examination in Medicine in this University. I could have procured it when I first entered College in 1864, but neglected to do so. I did not think, however, that the Council would have detained my private property, to which they have, in reality, no claim. The fact of my writing to you to expose a defective system, of which I was one victim, does not render the certificate any the less my property; and if I were to write to THE LANCET continually about the Galway College, even in abusive and libelous terms, and were to be rusticated over and over again, I should, nevertheless, be a matriculated student. I would now ask your opinion—first, as to whether the certificate is my property; and secondly, as to the best means to be taken with the view of compelling the Council to give it up. I may mention that my name is down in the Queen's University Calendar as a matriculated student.

The object of these measures is evident—viz., to deter other students from following my example. Many would now come forward and corroborate all my statements were it not for their fear of the Council, and their fear that, if there is an investigation, their certificates of attendance on hospitals and clinics will be worthless, as indeed they already are. I say this advisedly; for I know more than one man who has told me that if he dared he would write to your pages, confirming all I have said. The Council may escape investigation this time, as they have often done before; but sooner or later this must come. It is not only my own battle I am fighting. I hope that some of those at Galway who know the facts will have the courage to come forward and state them.

And now one word more as to the Council's resolution. It charges me with deliberately making false statements. I have again and again called for impartial inquiry; an inquiry has not been granted, and the Council have endeavoured to crush me and stifle investigation by condemning me to a severe punishment without a hearing.

I venture to count on your aid in helping me to obtain justice for myself and others, and in abolishing a system which is very discreditable.

I am, Sir, your obedient servant,

University of Edinburgh, Feb. 1870. ANDREW S. MELVILLE.

NURSES OF THE ROYAL HOSPITAL, CHELSEA.

DIFFICULTY being often experienced in obtaining suitable candidates for the appointments of nurses to the Royal Hospital, Chelsea, which difficulty probably arises from the fact that the advantages of these positions are not generally known, the following particulars have been promulgated for the information of the army, and may be usefully placed before our readers: 1. In terms of the Warrant, these nurses are to be, as far as possible, widows of deceased soldiers. 2. The pay and allowances are as follows:—Pay: 1st-class nurse, 2s. 3d. a day; 2nd-class nurse, 1s. 9d. a day; 3rd-class nurse, 1s. 6d. a day. Allowances: A furnished room and an allowance of coals and light, a grey serge gown and petticoat annually, and half the ration of an in-pensioner. 3. The candidates must be of good moral character, and medically fit for duty. 4. The limits of age are from twenty-three to forty. 5. Candidates will be required to undergo, in the first instance, a preliminary examination at the station where they may be. Should this prove satisfactory, they will be paid their travelling expenses to Chelsea and back, in order that they may undergo the regular examination required by the Superannuation Act, preparatory to their appointment as nurses. 6. The subjects of examination are—reading, writing, arithmetic (simple addition and subtraction). 7. On the wife of a non-commissioned officer or soldier who is eligible for, and desirous of, one of these appointments, becoming a widow, the commanding officer will be so good as to forward a descriptive return of such woman to the Secretary of the Royal Hospital, Chelsea, in order that her name may be registered on the list of candidates.

A CORRESPONDENT forwards to us a communication on a case of "Induction of Premature Labour," reported by Assistant-Surgeon Lewis C. Manney, Madras Army; but we do not think any good would arise from its publication.

L. D., (Rathfarnham.)—Dr. Handfield Jones has recently published a very good work on Functional Diseases of the Nervous System.

"ADDISON'S DISEASE WITHOUT BRONZING OF THE SKIN."

To the Editor of THE LANCET.

SIR,—I must apologise to Mr. F. E. Clarke for not answering his letter sooner. I had intended sending him a private note, but pressure of other affairs prevented my so doing. In the account of the case inserted in THE LANCET of December 11th, 1869, I did my best to make it as brief as possible, and had hoped by referring to Dr. Greenhow's summary to avoid repetitions of well-known symptoms of the disease, and I cannot find that I have omitted any point of importance. However, I will endeavour to answer Mr. Clarke's questions. He asks—

1. "What was the actual cause of death?" I can only reply that the marked sign during life was asthenia; the action of the heart was feeble in the extreme; and that after death there was no diseased condition observed by the naked eye which could account for the fatal termination of the case, unless it were the state of the supra-renal capsules.

2 and 3. The spleen and kidneys were healthy, as far as could be ascertained by the naked eye—in fact, Mr. Clarke will find that I stated that "all the organs were healthy to the naked eye," except the lungs and supra-renal capsules.

4. There were no functional murmurs of the heart.

5. There were no marked perspirations, nor absence of them; the skin was apparently normal in action.

6. No albumen in urine; colour and specific gravity normal.

7. Alvine secretions quite natural.

8. There were no tubercles in the capsules; but they had the appearance and characters of the diseased state which is usually accompanied by bronzing of the skin.

9. As to the name of the disease, I have not the slightest desire to defend it. I used it simply as the ordinary one employed.

I trust I have now satisfied your correspondent's curiosity, and hope that if I have the honour of sending any more accounts of cases to THE LANCET, he will look upon their brevity as not arising from carelessness, but simply from a desire to take up as little space as possible.

I may add that since I wrote the account of my case I examined the supra-renal capsules of a soldier who died of a deposit of tubercles through almost every organ of the body, and that there were similar tubercles in the capsules, but that there was no bronzing of the skin, nor were the appearances at all like the tough, large capsules in my case.

I am, Sir, your obedient servant,
WILMOT H. T. POWER,
February, 1870. Assist.-Surg., 2nd batt., 13th Light Infantry.

A Lady of Scotland must excuse us for declining to insert her communication on "Insanity in France." Doubtless the cause by which she explains the increasing number of victims to that visitation is a powerful one; and we know from M. Bergeret's book (reviewed in THE LANCET of Jan. 22nd) that "our lively neighbour the Gaul" is peculiarly subjected to its influence. May we recommend that work to our correspondent?

J. W. L.—Take the opinion of a medical practitioner in the matter. We cannot offer advice. In many cases electricity is of great service in the treatment of the disease named.

Mr. George H. Whidborne's (Crediton) communication has not been received.

THE COLLEGE OF SURGEONS EXAMINATION.

To the Editor of THE LANCET.

SIR,—I also was up for examination at the College of Surgeons on the occasion so well described—only not in language sufficiently indignant—by "Panurge." The management was simply disgraceful. By loss of time and expenses I believe I am out of pocket nearly fifteen guineas, whereas three might have covered all. If there be a badly managed institution connected with our profession, I beg to record my opinion that it belongs to the Corporation resident in Lincoln's-inn-fields.—I am, Sir, yours, &c.,
February, 1870. M.R.C.S.

WHITEHAVEN AND CUMBERLAND INFIRMARY: THE QUALIFICATION OF HOUSE-SURGEON.

THE Governors have acted in accordance with both reason and law in defining more accurately the exact qualifications they require in their house-surgeon, or rather in determining to require both a medical and surgical qualification. Dr. Dickson, if rightly reported, is wrong in asserting that mere registration amounts to due qualification. The registration may be that of only one diploma, which may be either a medical or a surgical or a double one. The registration of a medical diploma is no qualification in surgery, and *vice versâ*.

Mr. J. Wearne, (Helston.)—We believe that a long-promised translation of the very complete work of Duchenne will be published during the ensuing spring, and that it will be brought up by the translator to the knowledge of the present day.

Isabella H.—Consult an expert in cutaneous affections.

Mr. Newton Greenwood, (Penryn, Cornwall.)—Mr. Hardwicke, Piccadilly, will supply Dr. Lankester's tract.

Mr. T. Worth's (Nottingham) communication was received too late for this week.

MR. BARBER AND THE PRESTON SICK CLUBS.

To the Editor of THE LANCET.

SIR,—I have been pressed to take the office of physician or consulting medical officer to the Preston Provident Dispensary. It has been founded on the principles of eighteen similar institutions at present working very successfully in different parts of the country, some of which admit members of Friendly Societies. The only difference is, as far as I can learn, that the Preston Dispensary, in consequence of the sad depression of trade (almost as great as during the cotton famine), in the town asks less from the members than the others individually, but collectively for families about the same. I presume that your remarks refer as much to the officers of all such institutions as to me. Considering that many of these dispensaries have been in operation for years, I am surprised you should have overlooked the fact that a large proportion of the provident poor set an example with their "pennies and halfpennies" (which you affect to despise) to those who prefer the system of indiscriminate charity poured forth at our large public medical institutions, which holds out such encouragement to mendicancy and imposition. The medical staff is to consist of a physician, a surgeon, a resident surgeon and apothecary (the two latter already on the spot), and a dispenser; and I am also informed that, as soon as trade improves, the subscriptions will be increased willingly, if necessary, by the members generally, in addition to what is received from honorary members. I take it that this dispensary is a separate and distinct thing, and in no way to be considered as the matter in dispute between the medical men of Preston and the Clubs. I should never think of taking a lot of Clubs at a sum refused by my medical brethren; but I submit that if I should assume the post offered to me on the medical staff of this dispensary, I am not committing any breach of etiquette.

I am sorry you have allowed yourself to be made the "cat's-paw" of those who are not above misrepresenting the facts of this case. Your attack upon me in last week's LANCET was entirely unjustifiable. I cannot be held responsible at this distance for the indiscretion of those who in their excess of zeal insert paragraphs in newspapers about me; but, while I am sorry to find such things have been done, I am bound to believe them when, on inquiry, they affirm that a copy of my testimonials was not "sent to the papers for publication," but lent to the printer that he might extract the proper titles appended to my name. I expect, therefore, you will contradict this statement in your next.

I may have occasion to show you shortly the free and easy way in which I have been condemned and misjudged, without an opportunity of making a defence, by the Medical Society of Preston.

Yours truly,
Ulverston, Feb. 2nd, 1870. HENRY BARBER, L.R.C.P. Lond.

*** We insert Mr. Barber's letter that he may know that we wish to deal fairly by him. But he must excuse us, or pity our obtuseness, if we do not see the difference which he wishes us to make between his conduct and that of taking a lot of Clubs refused by his medical brethren, which he says he should never think of doing. Ethically and practically, we think this is very much what he has done. It is notorious that the establishment of the Preston Provident Dispensary, and what is ultimately to be the Medical Hall, is a direct consequence of the reasonable claim of the medical men of Preston for increased remuneration. The movement is in direct antagonism to the medical officers, if not in a hostile spirit towards the medical profession, which in Preston had very lately shown a willingness to meet the feelings of the Clubs in this very matter. The Clubs have not only conceived the notion of being very cheaply attended themselves, but of providing the public with medicine and medical attendance on terms altogether inconsistent with respect to the medical profession—that is to say, at halfpennies and farthings a week. We think the Clubs should mind their own business, and not concern themselves about the "public" and its medical attendance. It is this attempt to associate halfpennies and farthings with medical attendance and "eminent physicians" in the mind of the public that has offended, and justly offended, the medical profession at Preston, and it is this attempt with which Mr. Barber has chosen to associate himself. We gather from his letter that he is to be the very physician and consulting officer of this attempt. We do not mean to retort hard words to Mr. Barber. For aught we know to the contrary, he is a man of culture and good feeling. We must admit that we cannot see anything in the pecuniary facts of the appointment to explain "an eminent physician" going from Ulverston to Preston; so, if he likes, we will give Mr. Barber credit for benevolent motives in abetting the Clubs and opposing his medical brethren. Only we must continue to think that he is practically and ethically wrong, and that there was no need for "an eminent physician" in Ulverston to give his sanction to a movement in Preston which had no countenance from the profession in Preston itself.

MARKINGS ON THE TEETH AND NAILS.

A CORRESPONDENT wishes us to direct attention to the fact that among the many interesting communications that have recently appeared in our columns on the above question, none of the writers seem to have been aware that the subject had already been brought under the notice of the profession by Dr. George Harley in an article on Apnœa in "Holmes's System of Surgery." Dr. Harley remarks as follows (p. 891):—

"Life, indeed, might not inappropriately be compared to a web of cloth made of the purest American cotton, and each stoppage in nutrition to a flaw. Thus each disease, each temporary illness, although not producing an actual gap, would weaken the web by introducing into it an inferior quality of cotton. ..... Do we not every day see around us evidence of the flaws in the human webs? Look, for example, at the teeth. Are the furrows we occasionally see across them not the tell-tales of the severe illness of youth? Are they other than the marks of arrested nutrition? So again with the nails. Do they not, after a smart attack of scarlet fever, indicate by their grooves the severity of the illness? Can the falling out of the hair after typhus be said to be due to anything else than temporarily arrested nutrition? Even the mind itself does not escape the general ill. Bad tissue deposited produces bad memory. Old people remember distinctly all that occurred to them in their youth, when good tissue was being laid down; but forget the occurrences of the previous day, when in old age the material is of an impaired quality. So also it is found, and for a similar reason probably, that it occasionally happens that, after a severe illness, little is remembered of what occurred during it."

Dapnall.—The ordinary conditions under which such prizes are held out and awarded are these: 1st, that competition for them shall be open to all nations; and 2nd, that the language employed by the competing essayists shall be either Latin or French.

THE continuation of our article on "Indian Literature on Cholera" is deferred until next week.

THE PROFESSIONAL AND COMMERCIAL PROVIDENT ASSOCIATION, LIMITED.

To the Editor of THE LANCET.

SIR,—I have had my attention called to different letters in your journal respecting medical attendance to the medical profession, and have been repeatedly asked by some of our medical gentlemen, whose names are on the prospectus I have the pleasure to enclose, to write to you upon the subject, they thinking that our Association might meet the requirements suggested by your correspondents.

The principles of the Society are applicable to all classes of professional and commercial people. Our benefits to members are as follows:—Medical attendance and medicine during sickness; a weekly allowance during non-employment; assistance in obtaining suitable occupation; and other advantages, as stated in our book of rules.

We have been working very successfully since the beginning of last year, and always have great pleasure in submitting our *modus operandi* to anyone who may call at the Offices. We pay a fair remunerative fee to all our medical men, and have a large number of agencies established throughout the United Kingdom.

I should enter further into the matter, but fear I should be taking up too much of your valuable time; but shall be happy to communicate at any time with any of your correspondents.

I am, Sir, yours obediently,
C. TOWLER CAMPIN, Managing Director.

40, Great Marlborough-street, London, W., Jan. 31st, 1870.

An Inquirer.—The proposed addition to the law giving the practitioners of the neighbourhood and their pupils the opportunity of witnessing the performance of surgical operations is one which has always had our warmest support. No hospital or infirmary can be considered a close borough, but should be used for the benefit of the profession and the advancement of medical knowledge. Restriction as to the witnesses of an operation generally implies that the operator is afraid to operate before his brethren, who may possibly have cause to criticise what they see.

Mr. A. H. Walpole's (Newcastle-upon-Tyne) case will be inserted in an early number.

"ERRONEOUS MISTAKE" NUMBER TWO.

To the Editor of THE LANCET.

SIR,—I find you have my initials J. C. it should have been G. C.

Yours, &c.,
Chrisp-street, Poplar, E., Feb. 8th, 1870. GEORGE CHARLES KERNOT.

*** "Dr." Kernot should learn to write English. For "it" in the above communication, read "they."

DEATH BY DROWNING.

A CORRESPONDENT writes as to the necessity of adopting some method of guarding against accidents of this kind. Everyone, he says, "ought to learn to swim; but swimmers themselves are often lost." Under these circumstances, he would urge that everyone who ventures on water, whether to swim, to slide, to skate, or to sail, should bear on him, or with him, a cork jacket or other life-preserver. This would greatly minimise, if it did not do away with, all risks.

PROPOSED COMPETITIVE EXAMINATION FOR MEDICAL POOR-LAW APPOINTMENTS.

THE following notice of motion was brought forward at the North Dublin Union last week by Mr. W. L. Erson, J.P., one of the guardians:—

"That the Commissioners be requested to order that the medical appointments in this union be open to competitive examination in future, to be conducted in a similar manner to that adopted by the Army and other Boards; the Dispensary Committee to nominate the gentlemen for examination."

Student wishes to be informed when Sir T. Watson's new edition of the Practice of Physic will be procurable.

Mr. Wearne's request shall, if possible, be complied with.

"HOSPITAL SUNDAY."

WE are indebted to several correspondents for their prompt response to our general request for information. We propose to give occasional notices of the movement, embracing such particulars as we may receive *ad interim*

Verax.—The owner of works not within the provisions of the Factory Act is not bound to report to the certifying surgeon any accidents befalling his workmen, nor is he bound to report to that functionary their consequences (fatal or otherwise); but it is understood that, the provisions of the Act being by no means so comprehensive as its framers intended, and its benefits being thus unfortunately restricted, the owners of works should endeavour as far as possible to keep the certifying surgeon informed of casualties occurring within them, with a view to further legislation. At the same time we think the homœopathic M.R.C.S. was wanting in professional comity in visiting and cross-questioning the patient referred to without previously consulting our correspondent. Such conduct is little likely to advance the philanthropic purpose which the Legislature, in soliciting co-operation towards the future perfecting of the Act, had in view.

THE CHILIAN NAVY.

To the Editor of THE LANCET.

SIR,—A medical man in the Chilian navy gets good pay; but his first years in the service have to be spent at Sandy Point, a convict settlement in the Straits of Magellan. When he retires on a pension, he must spend that pension in Chili; for if he returns to his native land without the express permission of the Chilian Government, he forfeits his pension. I was offered a post in the Chilian navy, but declined on the above grounds.

I am, Sir, yours, &c.,
February 3rd, 1870. DEVASTATION.

M.R.C.S.—We cannot answer for the question of identity. The person named as tried and convicted had his name removed not only from the Register, but from the list of graduates of the University from which he had his degree, and from that of members of the College of Surgeons; so that he is not now justified in using any title which implies registration, and in so using any title he lays himself open to prosecution. It would devolve, however, upon the prosecution to prove identity.

Mr. R. L. is thanked for his information.

A Constant Reader.—Certainly not.

Mr. F. Bastone's (Gray's-inn-road) communication will have a place in next week's number.

MR. FALLOON AND DR. IRVINE.

MR. FALLOON has seen the propriety of taking the step we indicated, and has sent to the Liverpool journals the subjoined apology:—

"To DR. J. W. IRVINE, 15, St. Paul's-square, Liverpool.—It gives me pleasure to express my regret that anything in my letters to the Liverpool newspapers or the coroner should have caused you pain and annoyance, and I certainly did not intend it to be implied or construed that you were in any way responsible for the death of Mrs. Frances Parry, referred to in those letters.

"Dated this second day of February, 1870.
"EDWARD L. FALLOON, 12, Shaw-street, Liverpool.
"Witness: Thos. Bellringer, Solicitor, Liverpool."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Murchison; Dr. Pollock; Dr. Wilson Fox; Dr. Broadbent; Dr. Letheby; Dr. Fleming, Glasgow; Mr. Hill; Mr. Lambert, Isle of Wight; Mr. Shepheard, Gayton, Norfolk; Dr. Fairbank; Dr. Davies; Mr. Leah; Mr. W. Trenerry, Bristol; Mr. Nelson; Dr. Wiglesworth, Liverpool; Dr. R. Edmonds, Tewkesbury; Dr. Winterbotham, Bridgwater; Mr. Desse; Mr. Thompson; Mr. North; Mr. Walker, Liverpool; Dr. M'Rea; Dr. Lewis; Dr. Vinen; Mr. Morris; Dr. Crerar, Maryport; Mr. Leeming, Kendal; Mr. Peterson; Dr. Clark, St. Elizabeth; Mr. Blackburrow, Jersey; Dr. Wright, Dumfries; Mr. Ford; Mr. Wrigg; Mr. Gorham, Tunbridge; Mr. Rowland; Mr. C. A. Robinson; Dr. M'Cormac; Mr. J. Clarke; Mr. Wyllie; Mr. Venman; Mr. Walpole; Mr. Air; Mr. Rowe; Mr. Major; Dr. Edgelee, Middletown, U.S.; Mr. Best, Liverpool; Mr. Jessop, Leeds; Mr. Westmoreland, Manchester; Mr. Harrison, Ambleside; Dr. Plomley, Maidstone; Mr. Warren, Ryde; Dr. Nyan, Dunmanway; Dr. Allbutt, Leeds; Mr. O'Donnell; Dr. Bennett, Holywood; Mr. White; Dr. Waters; Mr. Swann; Mr. Davison, Newbury; Mr. Parry; Dr. Webb; Mr. Holderness; Mr. Browne; Mr. Evans; Dr. W. Stewart, Rangoon; Mr. Dobson, Bristol; Mr. Curran; Mr. Power; Dr. Whidborne, Crediton; Mr. F. Mackenzie, Tiverton; Messrs. Ferris and Co., Bristol; Mr. Hitchman; Dr. Crowther; Mr. Clubbe, Lowestoft; Dr. Heycock; Dr. Crane, Hallaton; Mr. Wearne, Helston; Dr. Young, Malton; Mr. Ball, Spalding; Mr. Graves; Mr. Webb; Dr. Falconer, Bath; Mr. Greenwood, Penryn; Mr. Balmanno Squire; Dr. Cahill, Manchester; Mr. W. Johnson; Dr. Stevens; Mr. Wheeler; Mr. Ashmannd, Bruges; Dr. Saunders, Cuckfield; Mr. Pike; Mr. J. Martin; Dr. Ayrton; Mr. Green, Northampton; Mr. Clayton; Mr. Branston; Dr. O'Neill Sisk, Fermoy; Dr. Humble, Newcastle; Mr. Robinson; M.D.; The President of the Hunterian Society; Students; A Looker-on; The Son of an Hospital Physician; X.; Medicus; Caveat Emptor; Anti-Humbug; S. M.; A Yorkshire Practitioner; E. J.; Subscriber; A Constant Reader; M.R.C.S.; Tribune; Devastation; L. C.; An Unfortunate; L.S.A.L.; A Lady of Scotland; G. B.; &c. &c.

Edinburgh Daily Review, South-Eastern Gazette, Warrington Guardian, Giornale Italiano, Downpatrick Recorder, Ulster General Advertiser, Brighton Guardian, Western Daily Mercury, Dorset County Express, Glasgow Herald, Jamaica Gleaner, Yorkshire Post, Galway Vindicator, Midland Gazette, Weekly Hampshire Independent, Dundee Advertiser, Manchester Courier, Glasgow Medical Examiner, and *Brighton Gazette* have been received.